
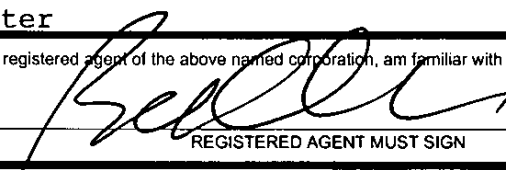
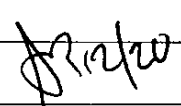
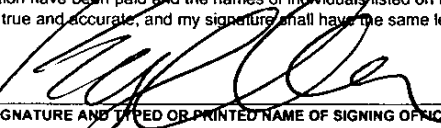


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 DEC 20 PM 4:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P02000089429				
1. Corporation Name LPR North America, Inc.				
2. Principal Office Address 270 S. Central Blvd.		3. Mailing Office Address 270 S. Central Blvd.		
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202		
City & State Jupiter, FL		City & State Jupiter, FL		
Zip 33458	Country USA	Zip 33458	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 08-16-02
5. FEI Number 16-1437921				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent				
Name Barry Cohn				
Street Address (P.O. Box Number is Not Acceptable) 270 S. Central Blvd.				
Suite, Apt. #, Etc. 202				
City Jupiter				
State FL				
Zip Code 33458				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.				
Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 12-4-06				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip
P	Barry Cohn	270 S. Central Blvd., #202		Jupiter, FL 33458
V/P	Brian Cohn	270 S. Central Blvd., #202		Jupiter, FL 33458
				
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE:  Prcc 12-4-06 5619481175				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				