

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000095669

1. Corporation Name

L & E ASSOCIATES GROUP, INC.

2. Principal Office Address

10271 SW 11 Street

Suite, Apt. #, etc.

Miami, Fl.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, Fl. 33174

Zip

Country

REINSTATEMENT 03-24 TR

5/1/03 91012 012 159

4. Date Incorporated or Qualified

To Do Business in Florida: 09/04/02

5. FEI Number

74-3059943

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

SANDRA M. RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

10271 S.W. 11 Street

Suite, Apt. #, Etc.

City

Miami, Fl. 33174

State

FL

Zip Code

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

04/20/2004

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
DP	LUIS PARDO	10271 SW 11 Street	Miami, 33174
DVS	SANDRA M. RODRIGUEZ	10271 SW 11 Street	Miami, Fl. 33174

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/2004 305/485 3417