2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000127050 1. Entity Name LIL-RO INC							DEC 18 AM	7: 55		
Principal Place	e of Busines	s	Mailing Address		. ,		CHETARY OF LAHASSEE,	FLÖRIC	jΑ	
3424 NO AN			310 SE 2 AVE			, ,-, , ,		,		
OAKLAND PA			UNIT A-6							
·			DEERFILED BEACH, FL 33441							
9 Dissipal D	da (17		[A 44-97- A 44							
2. Principal Place of Business			3. Mailing Address			 			A BBIDI BUN BU	11
Suite, Apt. #, etc.			Suite, Apt. #, etc.			44470000	DEIN D	OD0E0	00 /44/05\	
						11172006	REIN-P	CRZEU	98 (11/05)	
City & State			City & State			4. FEI Numbe			_ 	plied For
7-			7in Country			14-1851	1810			t Applicable
Zip	Country		Zip Coun		try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current R			Registered Agent			7. Name and	Address of New Re		<u>`</u>	
	-		,		Name -					· · · · · · · · · · · · · · · · · · ·
AUGUSTIN				Street Address (P.O. Box Number is Not Acceptable)						
3424 NO A		S AVE ., FL 33309		Street Address (P.O. Box Number is Not Acceptable)						
OARDAND	TAINITE	., I L 33303								
				City				Zip Code	e	
								FL		
			the purpose of changing its	registere	ed office or register	ed agent, or both	h, in the State of Flo	rida. I am f	amiliar with,	and accept
the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent elginature required when reinstatting) DATE										
FILE NOW!!! FEE IS \$750.00										
		07, Fee will be \$900.00	o							
10.		OFFICERS AND I		ADDITIONS#	CHANGES TO OFFI	CERS.AND	DIRECTOR	S IN 11		
TITLE	ADM		☐ Delete	:	10/10	CHANGES TO OFFE 10501058	- 1 :- 1	□ Ghange-	Addition	
NAME	DELVA, F	RONEL		E	127 10	V 00==01000	1302	**15U	. טט	
STREET ADDRESS	1	ANDREWS AVE.	ET ADDRESS							
CITY-ST-ZIP		D, FL 33309		-ST-ZIP						
TITLE NAME	OWN	N DELVA TILLIE	Delete					Change	Addition	
STREET ADDRESS	AUGUSTIN DELVA, LILLIE 3424 NO. ANDRES AVE. STR				ET ADDRESS					
CITY-ST-ZIP	l	D PARK, FL 33309		-ST-ZIP						
TITLE			☐ Delete					☐ Change	Addition	
NAME			E							
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CITY+S1+ZIP		<u> </u>			-ST-ZIP		····-			
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STREET ADDRESS					ET ADDRESS					
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NAME				NAM	E					
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CITY-\$T-ZIP					-ST-ZIP					ETT 1 dans
TITLE NAME			☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS	···									
CITY-ST-ZIP				CITY	-ST-ZIP					
12. I hereby o	certify that th	e information supplied with	this filing does not quality for	r the exe	emptions contained	in Chapter 119,	Florida Statutes. I t	further certi	y that the in	ntormation or director
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
Only 1900, or										
SIGNATURE: ///29/06 954-856-1855										554
		SIGNATURE AND TYPED OR P	INTED NAME OF SIGNING OFFICER	OR DIRECT	TOR	, 7	Date	D:	vtime Phone #	-

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LIL-RO INC, DBA/ OAKLAND PARK FESTIVAL COIN LAUNDRY 3424 NO ANDREWS AVE OAKLAND PARK, FL 33309

Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

December 10, 2006

Dear Sir/Madam

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This is to confirm our telephone conversation regarding LiL-Ro Inc. As we discussed, the error occurred in the returning of \$150 check May. Naturally, the store is being close since due to some damage of Wilma last year in all the courier went to a difference addresses. I most sorry for this Error and I request for the late fee to be waived. And I have enclosed a new check with the corrected information and ask for the reinstatement of corporation even through we are temporally closed since June 2006.

I hope this letter and the enclosed form clear up this unfortunate misunderstanding. Thank you for your good work and happy holiday to all of you.

Ronel Delva Lil-Ro Inc Manager