

FILED



07 FEB 16 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900089300279
02/27/07--01010--026 **608.75

REINSTATEMENT

CR2E081 (1/07)

04-07

4. Date Incorporated or Qualified To Do Business in Florida 06/20/2003

5. FEI Number 52-2371067	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 **Lenox Treasure**

Street Address (P.O. Box Number is Not Acceptable)
19721 NW 1st Ave

Suite, Apt. #, Etc.

City: Miami

State **FL** Zip Code **33179**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Lenox Treadwell

Date 2/5/07

REGISTERED AGENT MUST SIGN

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,D	Lenox Treasure	19721 NE 1st Ave	Miami, FL 33179
VP,D	Granville Dayle	20122 NW 12th Ct	Miami, FL 33169
			K. Eckel FEB 19 2007

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:

Lenca Treasure (LENOX TREASURE, PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07
Date

Daytime Phone #