PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 19 PM 3:47

DOCUMENT # P03000075914

1. Corporation Name

LSL OF FORT MYERS, INC.

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
3770 METRO PKWY	3770 METRO PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
420	420
City & State	City & State
FORT MYERS, FL	FORT MYERS, FL
Zip / Country	Zip / Country
33916 / USA	33916 / USA

4. Date Incorporated or Qualified To Do Business In Florida: 07/10/2003

5. FEI Number: 20-0083432 ☐ 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: SANDRO DE SOUZA

Street Address (P.O. Box Number is Not Acceptable): 3770 METRO PARKWAY

500054332845
05/12/05--01061--003 **00.00

Suite, Apt. #, Etc.: 420

City: FORT MYERS | State: FL | Zip Code: 33916

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: [signature] Date: 03-25-05

REGISTERED AGENT MUST SIGN

CR2E080 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SANDRO DE SOUZA	3770 METRO PARKWAY # 420	FORT MYERS, FL 33916

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] 239-768-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL22524F.1