PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 17 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000098379

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05/01/06--01055--017 **450.00

CR2E081 (12/05)

1. Corporation Name

LF OPERATING INC.

2. Principal Office Address	**3.** Mailing Office Address
~~2416 Lincoln St~~ Suite, Apt. #, etc.	~~2416 Lincoln St~~ Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33020 Country: Broward	Zip: 33020 Country: Broward

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

5. FEI Number 20-0218150 ☐ 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: Stuart C00per

Street Address (P.O. Box Number is Not Acceptable): ~~511 NE 94th St.~~

Suite, Apt. #, Etc.

City: Miami Shores State: FL Zip Code: 33138

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 Stuart Cooper Date

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
~~PD~~	~~L. Fenster~~	~~2416 Lincoln St~~	~~Hollywood, FL 33020~~
		REINSTATEMENT	B. 4/19/06 04-06

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: X

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

Page 2 of 2

March 13, 2006

LF OPERATING INC.
2416 LINCOLN STREET
HOLLYWOOD, FL 33020

This is to inform you that I did not receive my annual report notice for the years 2004 & 2005 for the above corporation. I am submitting a reinstatement form for those years.

Thank you

Lynn Fenster

Lynn Fenster
LF Operating