

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PO3000098379

1. Corporation Name

LF OPERATING INC.

2. Principal Office Address

2416 Lincoln St
Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

Broward

3. Mailing Office Address

2416 Lincoln St
Suite, Apt. #, etc.

City & State

Hollywood, FL

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 Cooper

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

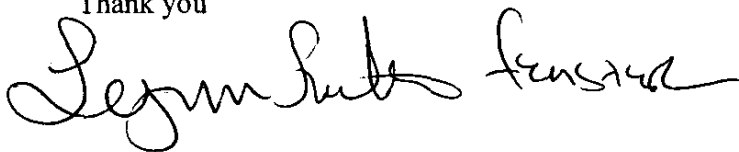
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March 13, 2006

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

A handwritten signature in black ink, appearing to read "Lynn Fenster". The signature is fluid and cursive, with the first name "Lynn" being more prominent and the last name "Fenster" written in a simpler, more legible script.

Lynn Fenster
LF Operating