

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN 15 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000062778

1. Corporation Name

LPJ SHOW, CORP.

REINSTATEMENT 05-07

2. Principal Office Address - No P.O. Box #

2900 NE 14th Street

3. Mailing Office Address

2900 NE 14th Street

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

Pompano Beach, Florida

City & State

Pompano Beach, Florida

Zip

33062

Country

USA

Zip

33062

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/2004

5. FEI Number

42-1629210

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

John London

Street Address (P.O. Box Number is Not Acceptable)

2900 NE 14th Street

Suite, Apt. #, Etc.

212

City

Pompano Beach

State

FL

Zip Code

33062

☒ 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

REGISTERED AGENT MUST SIGN

Date

6-4-07

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
President	John London	2900 NE 14th Street, #212	Pompano Beach, FL 33062
Vice President	April Lena	725 N. Riverside Drive, #304	Pompano Beach, FL 33062

400104521304
06/13/07 01007 885 **450.00

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 #

6-4-07 561-566-3734

26/15

06-04-07

Department of State
Reinstatement

To whom it may concern,

Please waive our reinstatement fee for \$600. It is my first corporation in the state of Florida. I was incorporated on 04-08-04 in Boca Raton. The corporation moved to Pompano Beach on 12-01-04. I never received any renewal notices for the corporation, hence I had no knowledge to do it. The corporation name is LPJ Show, Corp.-FEI #42-1629210. A check is enclosed for 3 years fees for \$450.

Sincerely Yours,



John S. London
President