

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000090148

1. Entity Name  
L & T HOME INVESTMENT CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 DEC -3 PM 12:06

Principal Place of Business  
6855 W 4 AVE  
HIALEAH, FL 33014

Mailing Address  
6855 W 4 AVE  
HIALEAH, FL 33014



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11302007 REIN-P CR2E098 (1/07)

4. FEI Number  
21-1210271

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIMENEZ, ROBERTO C  
6855 W 4 AVE  
HIALEAH, FL 33014

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Roberto Jimenez*

(NOTE: Registered Agent signature required when reinstating)

11/30/07

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME P  
JIMENEZ, ROBERTO C  
STREET ADDRESS 6855 W 4 AVE  
CITY-ST-ZIP HIALEAH, FL 33014 ☐ Delete

TITLE D  
NAME ROBERTO C JIMENEZ ☒ Change ☐ Addition  
STREET ADDRESS 6855 W 4 AVE  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE P  
NAME LAZARO R JIMENEZ ☐ Change ☒ Addition  
STREET ADDRESS 6855 W 4 AVE  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Roberto Jimenez*

11/30/07

Date

Daytime Phone #