2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000072436

1. Entity Name
L & N REAL ESTATE HOLDINGS, INC.

FILED
06 DEC 21 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~3341 COMMODORE COURT~~ ~~WEST PALM BEACH, FL 33411 US~~	3341 COMMODORE COURT WEST PALM BEACH, FL 33411 US

2. Principal Place of Business	3. Mailing Address
14242 78 PLACE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LOXAHATCHEE	City & State
Zip: 33470 Country: FL.	Zip Country

12132006 REIN-P CR2E098 (11/05) 06

4. FEI Number: P05000072436 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MARAGH, LLOYD, 14242 78 Pl. N.
~~3341 COMMODORE COURT~~ LOXAHATCHEE
~~WEST PALM BEACH, FL 33411~~ Fl. 33470

7. Name and Address of New Registered Agent

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 [signature] F-LLOYD MARAGH 12/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T MARAGH, LLOYD ~~3341 COMMODORE COURT~~ ~~WEST PALM BEACH, FL 33411~~ ☐ Delete	☐ Change ☐ Addition 200082708272 12/21/06--01029--012 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S MARAGH, NORMA ~~3341 COMMODORE COURT~~ ~~WEST PALM BEACH, FL 33411~~ ☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

Phone 561-541-8022 Home
561-689-4767

12/22

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: [signature] F-LLOYD MARAGH 12/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Change only address. Did not receive notice of Termination.