


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000095878 1. Entity Name L F INVESTORS, INC.	
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FILED
 2008 APR 14 PM 1:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 4131 SW 6TH ST. MIAMI, FL 33134	Mailing Address 4131 SW 6TH ST. MIAMI, FL 33134
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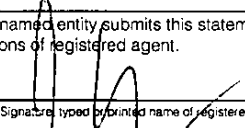
2. Principal Place of Business - No P.O. Box # 2222 Ponce de Leon Blvd. Suite, Apt. #, etc. PH	3. Mailing Address 2222 Ponce de Leon Blvd. Suite, Apt. #, etc. PH
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City & State Coral Gables, Florida Zip Country 33134 USA	City & State Coral Gables, Florida Zip Country 33134 USA
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4. FFI Number 20-3066073 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JORGE DE LA CRUZ-MUNOZ, ESQ. DUNWOODY WHITE & LANDON, P.A. 550 BILTMORE WAY, SUITE 810 CORAL GABLES, FL 33134	
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  DATE 4/5/08


Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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 STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete RODON, MARY LOU 2222 PONCE DE LEON BLVD.PH CORAL GABLES, FL 331345030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500123276445 04/14/08--01049--014 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  P.F. DATE 4-10-08

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