


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

06 JUL -7 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P05000099747*

1. Corporation Name

LEE ALLYN INVESTMENTS INC.

2. Principal Office Address

1899 KENTUCKY AVE.

Suite, Apt. #, etc.

SUITE # B

City & State

WINTER PARK, FL

Zip

32789

Country

USA

3. Mailing Office Address

1899 KENTUCKY AVE.

Suite, Apt. #, etc.

SUITE # B

City & State

WINTER PARK, FL.

Zip

32789

Country

USA

02/13/06 90022 616 \$158.75
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

30-0328371

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

DUNN, JEFFREY

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

1899 KENTUCKY AVE.

Suite, Apt. #, Etc.

SUITE # B

City

WINTER PARK,

State

FL

Zip Code

32789

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *6/30/06*

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
<i>D</i>	<i>DUNN, JEFFREY</i>	<i>1899 KENTUCKY AVE.</i>	<i>WINTER PARK, FL. 32789</i>
	<i>8/7/11</i>		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/30/06

Daytime Phone #

407-629-7643

June 30, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

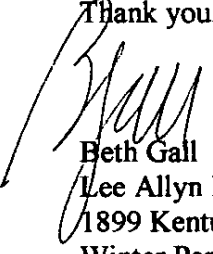
After receiving the 60 day notice to dissolve, I placed a call and found out that a notice was sent asking for our FEI number. Unfortunately, I never received this notice, but after speaking to someone on the phone from your office, they instructed me to send another form and this letter asking for the late fee to be waived.

I originally sent a check #1020 in the amount of \$ 158.75 (the fee plus the charge for the certificate) dated 1/26/06 and it was deposited and went through my bank on 2/17/06.

I am sorry for this snafu and I would appreciate it greatly if this could be corrected.

If you have any questions, please feel free to give me a call.

Thank you,



Beth Gall
Lee Allyn Investments, Inc.
1899 Kentucky Ave.
Winter Park, Fl. 32789
(407)629-7643