PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 13 PM 2:06

900182477509
06/22/10--01020--002 **900.00

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06/22/10--01020--003 **8.75

DOCUMENT # P06000060336

1. Corporation Name
LE Home IMProvemant INC.

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8619 Vermanth Rd.	8619 Vermanth Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL.	City & State: Jacksonville FL.
Zip: 32211 Country: Duval	Zip: 32211 Country: Duval

4. Date Incorporated or Qualified To Do Business in Florida: 5-1-2006

5. FEI Number: 562577680 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

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08/12/10--01037--007 **291.25

7. Name and Address of Current Registered Agent

Name: LUAN K. LE

Street Address (P.O. Box Number is Not Acceptable): 8619 Vermanth Rd

Suite, Apt. #, Etc.:

City: Jacksonville State: FL Zip Code: 32211

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] Date: 6-18-2010
REGISTERED AGENT MUST SIGN

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
CEO	LUAN K. LE	8619 VERMANTH Rd	Jacksonville FL. 32211

REINSTATEMENT 07-10

10. E-mail Address: LUANLE75@yahoo.com
(To be used for future annual report notification)

11. 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. I further certify, 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] LUAN K. LE 6-18-2010 904-521-5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #