## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000082258

Entity Name: L.E.W., CORP.

FILED Oct 10, 2007 Secretary of State

Littly Nan	ile. L.E.VV., O	ORF.						
Current Principal Place of Business:				New Principal Place of Business:				
1900 W 68TH AVE APT # A-205 HIALEAH, FL 33012				1900 W 68 ST APT A-205 HIALEAH, FL 33012				
Current Ma	ailing Addres		New Mailing Address:					
1900 W 68TH AVE APT # A-205 HIALEAH, FL 33012				5305 NW 79TH AVE MIAMI, FL 33166				
FEI Number:	20-5496233	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certific	ate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Reg	gistered Agent:	
LEON, JOSE 1900 W 68TH AVE APT # A-205 HIALEAH, FL 33012 US				LEON, JOSE 5305 NW 79TH AVE MIAMI, FL 33166 US				
The above in the State		ubmits this statement for the	purpose o	f changing i	ts registered o	office or I	registered agent, or both,	
SIGNATUR	RE: JOSE LEC	ON				1	10/10/2007	
	Electron	ic Signature of Registered Ag	jent				Date	
		8(2)(b), F.S., the corporation did n Trust Fund Contribution ( ).	ot receive t	he prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () LEON, JOSE 1900 W 68TH A HIALEAH, FL 33			Title: Name: Address: City-St-Zip:	D (X LEON, JOSE 5305 NW 79TH MIAMI, FL 331	IAVE	( ) Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	O ( ELIAS, CHRIST 5305 NW 79TH MIAMI, FL 331	TINA M I AVE	(X) Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	O ( WOMBLE, SUZ 5305 NW 79TH MIAMI, FL 331	ZANNE M I AVE	(X) Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	O ( ELIAS, GUIDO 5305 NW 79TH MIAMI, FL 331	IAVE	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE D LEON D 10/10/2007