

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000103654

1. Entity Name  
L & J TRADING, CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 11 PM 2:37

Principal Place of Business  
9375 FONTAINBLEAU BLVD  
APT L 405  
MIAMI, FL 33145

Mailing Address  
9375 FONTAINBLEAU BLVD  
APT L 405  
MIAMI, FL 33145



2. Principal Place of Business - No P.O. Box #  
7221 NW 174 Terr. 201  
Suite, Apt. #, etc. 201  
City & State Hialeah, FL  
Zip 33015 Country

3. Mailing Address  
7221 NW 174 Terr. 201  
Suite, Apt. #, etc. 201  
City & State Hialeah, FL  
Zip 33015 Country

02012008 REIN-P CR2E098 (1/07)

4. FEI Number 20-5352609  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MEJIA, JULIO  
9375 FONTAINBLEAU BLVD  
APT L 405  
MIAMI, FL 33145

7. Name and Address of New Registered Agent  
Name Mejia, Julio  
Street Address (P.O. Box Number is Not Acceptable)  
7221 NW 174 Terr #201  
City Hialeah FL Zip Code 33015

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

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

TITLE PD	NAME NARANJO, LINA	<input type="checkbox"/> Delete
STREET ADDRESS	9375 FONTAINBLEAU BLVD - APT L 405	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE VPD	NAME MEJIA, JULIO	<input type="checkbox"/> Delete
STREET ADDRESS	9375 FONTAINBLEAU BLVD - APT L 405	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	NAME Naranjo, Lina	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7221 NW 174 Terr #201 Hialeah, FL	
CITY-ST-ZIP		
TITLE Vicepresident	NAME Mejia, Julio	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7221 NW 174 Terr #201 Hialeah, FL	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Julio Mejia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #