


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000051596		
1. Entity Name LJ MOBILE CORP.		

FILED

2009 FEB -9 AM 11:24

Principal Place of Business 8300 N.W. 53RD ST. SUITE 350 MIAMI, FL 33166	Mailing Address 8300 N.W. 53RD ST. SUITE 350 MIAMI, FL 33166
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2. Principal Place of Business - No P.O. Box # 7795 WEST FLAGER ST PC5	3. Mailing Address P.O. BOX 44272
Suite, Apt. #, etc. PC5	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33144 Country USA	Zip 33144 Country USA

600143000856
02/08/09 01005-013 **300.00

REINSTATEMENT

01292009 REIN-P CRZE098 (1/07) 08-09

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ, JOSUEL 9340 FONTAINBLEAU BLVD APT 212 MIAMI, FL 33172	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, JOSUEL 9340 FONTAINBLEAU BLVD - APT 212 MIAMI, FL 33172 <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	V PINON, LORENA 9340 FONTAINBLEAU BLVD - APT 212 MIAMI, FL 33172 <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
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **01/29/09** Daytime Phone # _____

B. Mitchell FEB - 9 2009