## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			_	1000 1000	' 1 1	
CORPORATION REINSTATEMENT	Secretary of State			## 667 -3 AM 2:00		
DOCUMENT # P15000078740				File of the Page		
1. Corporation Name			ł			
LCW MIDNIGHT, INC.						
			1070	500319325645 10/03/1801022003 **750.60		
Principal Office Address - No P.O. Box # 3. Mailing Office Address				arab was	902 11120199	
425 N. OCEAN BOULEVARD 425 N.		AN BOULEVARD	o			
Suite, Apt. #, etc. Suite, Apt. #,				CR2EOB1 (11/10)		
Unit 2 Unit 2			4. Date Incorp	4. Date Incorporated or Qualified  In Do Business in Florida, O.O. (2004).  The Control of the		
City & State City & State				Fo Do Business in Florida 09/23/2015		
Boca Raton, FL	Boca Rator	n, FL	5. FEI Numbe		Applied For Not Applicable	
Zip Country	Zip	Country	6		8.75 Additional Fee required	
33432 USA	33432	USA	CERTIFICAT	E OF STATUS DESIRED	for a Certificate of Status	
7. Name and Address o	f Current Registered	Agent		<u> </u>		
Name Prince A Department	/ Fea					
Prince A Donnahoe IV, Esq.						
Street Address (P,O, Box Number is Not Acceptable) 1401 N. University Drive						
Suite, Apt. #, Etc.						
Suite 401						
City Coral Springs		FL 33067				
8. I, being appointed the registered agent of the abo	ve named corporation	2em familiar with and accept th	e obligations of section	on 607,0505 or 617,0503, F	F.\$.	
Signature of Registered Agent Luniu Ca Donne Go				<sub>Date</sub> 10/2/2018		
Registered Agent REGISTERED AGENT MUST SIGN				Oate		
Names and Street Addresses of Each Officer and	Vor Director (Florida no	onorofit corporations must list a	at least 3 directors)			
Tilles Name of Officers and/or Directors	Name of		Street Address of Each Officer and/or Director		City / State / Zip	
SPTD Spencer Weiss	42	425 N. Ocean Boulevard, #2		Boca Rato	n, FL 33432	
REINSTATEMEN		VI-NI		OCT 0 3 201	8	
[XIII] * J 3 - 2 2				R. HUNT		
10. E-mail Address: spencer.weiss68@gmail.com						
(To be used for future annual report notification)						
11. 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 517, F.S.1 further certify that when faing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,040 to or 517,040 t, F.S., and 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 path, I am awarenthy for in s.817.155, F.S.						
SIGNATURE: Spencer Weiss 10/2/2018 561-400-6695  SIGNATURE: Signature and Typed or Printed NAME OF SIGNING OFFICER OR DIRECTOR  Date Daytime Phone •						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						