PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200347071492
06/26/20--01013--024 **785.00

200347071492
11/03/20--01007--002 **450.00

CR2E081 (11/10)

DOCUMENT # P16000095937

1. Corporation Name
L & J Construction Services Corp

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3363 NW 37 Ave	Same
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Lauderdale Lakes Florida	City & State: Florida
Zip: 33309	Country: USA
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 85-1539616 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Ludner Mompremier
Street Address (P.O. Box Number is Not Acceptable): 3363 NW 37 Ave
Suite, Apt. #, Etc:
City: Lauderdale Lakes | State: FL | Zip Code: 33309

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: Ludner Mompremier — Date: 10/27/20
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
Pr	Ludner Mompremier	3363 NW 37 Ave	Lauderdale Lakes FL 33309
Mgr	ORPhila Jauvier	3363 NW 37 Ave	Lauderdale Lakes FL 33309

REINST 10
2017-2020

10. E-mail Address: ludner32@gmail.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., 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 oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Ludner Mompremier — 10/27/20
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #