

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017159

1. Corporation Name

LJ RENTAL CORPORATION

2. Principal Office Address

1621 N.W. 72 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 520218

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip 33126 **Country** USA

City & State

MIAMI, FL

Zip 33152 **Country** USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-4-94

5. FEI Number

650474905

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Additional Fee required
for Certificate of Status

200028435952

02/09/04--01058--024 **750.00

7. Name and Address of Current Registered Agent

Name

MARK GRAND

Street Address (P.O. Box Number is Not Acceptable)

3440 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

SUITE 450

City

HOLLYWOOD

State

FL

Zip Code

33021

200028435952

03/15/04--01033--026 **150.00

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**

Mark Grand

Date 1/30/04

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
PT	LANE JAWITZ	1621 N.W. 72 AVE	MIAMI, FL 33126
VP	JEFFERY KIEL	1621 N.W. 72 AVE	MIAMI, FL 33126

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

LANE JAWITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-04

Date

305-592-0909

Daytime Phone #

CR2E081 (10/02)