PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 20 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P. 95000030709 (6)

1. Corporation Name

L.D.L. ENTERPRISES INC.

Principal Place of Business / Mailing Address

999 PONCE DE LEON BLVD # 1015
CORAL GABLES FL 33134.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT AR-99 FCSP 1/20/99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
888 BRICKELL AVE	888 BRICKELL AVE
Suite, Apt. #, etc. 5 FLOOR	Suite, Apt. #, etc. 5 FLOOR
City & State MIAMI FLORIDA	City & State MIAMI F/A
Zip 33131 Country U.S.A	Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/19/1995

5. FEI Number: 65-0604349 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LUIS DE LEON F.	888 BRICKELL AVE 5 FLOOR MIAMI	MIAMI FL 33131
D	MARIA DE DE LEON	FLORIDA 33131	" "
D	LUIS DE LEON S.	THE SAME	000002750790--4 01/21/99--01111--026 ***1200.00 ***1200.00
D	MARIA DE LEON S.	" "	000002750760--4 01/21/99--01111--027
D	MARIANA DE LEON S	" "	" ******8.75 ******8.75
		" "	" "

8. Name and Address of Current Registered Agent

FILINGS INC
3732 N.W. 16TH STREET
FT LAUDERDALE FLA 33311

9. Name and Address of New Registered Agent

Name: JUAN VICENTE URDANETA
Street Address (P.O. Box Number is Not Acceptable): 888 BRICKELL AVENUE
Suite, Apt. #, Etc.: 5 FLOOR
City: MIAMI State: FL Zip Code: 33131

CR2E040 (1-96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ (REGISTERED AGENT MUST SIGN) Date: 1/5/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: Luis de Leon 1/5/99 3053580028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #