PLEASE READ	ALL INSTRUCT	TIONS BEFORE C	COMPLET	NG THIS FORM	
APPLICATION FOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State				,
REINSTATEMENT		F CORPORATIONS			•
DOCUMENT # P95000038568 1. Corporation Name			98 DEC 21 PM 1:23		
L & E PROPERTIES, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address			-		
3201 MULFORD ROAD MULBERRY FL 33860-8667	67				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
New Principal Office Address, If Applicable 3. New Mailing Office Address,				orated or Qualified	
suite, Apt. #, etc. Suite, Apt. #, etc.				05	/15/1995
y & State City & State				59-3207145	Applied For Not Applicable
Zlp Country	Zip Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonpro				
Title(s) Name of Officers and/or Directors 2 3 (Do NOT		Street Address of Each Officer and/or Director o NOT Use Post Office Box Nu	mbers) City / State / Zip		
VD CAMP, ERNEST C 679		679 TERRACE DR		EAGLE LAKE FL 33839	
PD POTTER, LUTHER A 12140		H40 FRUITWOOD DR		RIVERVIEW FL 33569	
PD POTTER Luther A. 1660 S.		O SAILPOIN	DINT DR. BARTOW, FL. 33830		
		,			
DEINCTATERRENT TO TO 12/23/98					
REINSTATEMENT 98 15 12/23/98					
8. Name and Address of Current R	egistered Agent	<u> </u>	9. Name and A	ddress of New Registered A	Agent
Name					(86/8)
POTTER, LUTHER A Street Address (P.O. Box Number is Not Acceptable) 3201 MULFORD ROAD					
MULBERRY FL 33860-8667 Suite, Apt. #, Etc.					
5000027244453 City State Zip Code					
10. I, being appointed the registered agent of the above named consolation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent July 12 12 17 9 8 REGISTERED AGENT MUST SIGN Date 12 - 17 - 9 8					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No Para Hare (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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					