PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV -9 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

'ATION
'EMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

NT # P95000073443
ne

L & G Services, Inc.

Address - No P.O. Box #		3. Mailing Office Address	
13540 SW 128th St.		13540 SW 128th St.	
Suite 204		Suite 204	
Miami, FL		Miami, FL	
33186	Country Dade	33186	Country Dade

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business In Florida 9/21/95

5. FEI Number 65-0609738 ☐ 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

Jorge Diaz
(P.O. Box Number Is Not Acceptable)
13540 SW 128th Street
Suite 204
Miami State FL Zip Code 33186

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

10/30/07 01007 014 #300.00

I the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Jorge Diaz
REGISTERED AGENT MUST SIGN

Date 10/25/07

et Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST Jorge Diaz	3515 SW 111th Ave.	Miami, FL 33165

REINSTATEMENT
2006-2007

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 t 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 oration have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated n is true and accurate, and my signature shall have the same legal effect as if made under oath.

Jorge Diaz 10/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #