

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076953

1. Corporation Name

LJO INC

Principal Place of Business

Mailing Address

16794 N. KENDALL DR.
302
MIAMI FL 33196

16794 N. KENDALL DR.
302
MIAMI FL 33196

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/02/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0611535

Applied For

City & State

City & State

Not Applicable

Zip

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/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GREEN, NOEL	16794 N. KENDALL DR. #302	MIAMI FL 33196
P	CHANEY, JOHN	16794 N. KENDALL DR. #302	MIAMI FL 33196

400024254584
10/29/03--01057--015 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, NOEL
16794 N. KENDALL DR.
302
MIAMI FL 33196

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Noel Green
REGISTERED AGENT MUST SIGN

Date 10/23/03

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., 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:

Noel Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03 786-229-8268

Date

Daytime Phone #

CR2E040 (7/03)