

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1

DOCUMENT # P96000091266

1. Corporation Name

LJ PROMOTIONS & DISTRIBUTORS, INC.

00 NOV -9 PM 5:45

Principal Place of Business

Mailing Address

9175 SOUTHWEST 166 PLACE
MIAMI FL 33196

9175 SOUTHWEST 166 PLACE
MIAMI FL 33196



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0707188

Applied For

Not Applicable

City & State

City & State

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
PD	LOUIS-JEAN, EVENS	9175 SOUTHWEST 166 PLACE	MIAMI FL 33196
STD	LOUIS-JEAN, CHANTAL S	9175 SOUTHWEST 166 PLACE	MIAMI FL 33196

200003481952--2

11/30/00 01101 007

***150.00 ***150.00

11/21

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P96000091266

(2)

Oct. 25th 2000

To whom it may concern,

I do apologies for the payment delay, the reason behind it, I did not receive the form this year, and I called the department, to let them know, they said they will send me another one instead I receive a dissolution notice, I called the department again to send a memo with the payment, this is the payment for this year and again I apologize for the delay and misunderstanding.

Sincerely

Erin L. Jean.