

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 26 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97 0000 14639

1. Corporation Name

LVJ, INC.

REINSTATEMENT 98-03

500024981085
11/24/03--01088--024 **1508.75

2. Principal Office Address 140 N. ORLANDO Ave		3. Mailing Office Address 140 N. ORLANDO Ave	
Suite, Apt. #, etc. Suite 150-10		Suite, Apt. #, etc. Suite 150-10	
City & State WINTER PARK, FL		City & State WINTER PARK, FL	
Zip 32789	Country USA	Zip 32789	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2-14-1997	
5. FEI Number 59-3431359	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name JONATHAN BATES	
Street Address (P.O. Box Number is Not Acceptable) 140 N. ORLANDO AVENUE	
Suite, Apt. #, Etc. Suite 150-10	
City WINTER PARK	State FL
Zip Code 32789	

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

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11.19.03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JONATHAN BATES	1760 CHEYENNE TR. MAITLAND, FL 32751	MAITLAND, FL 32751
T	JONATHAN BATES	1760 CHEYENNE TR	MAITLAND, FL 32751
S	JONATHAN BATES	1760 CHEYENNE TR	MAITLAND, FL 32751

10. 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]

JONATHAN BATES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-03 321-427-2402

Daytime Phone #

CFR2081 (10/02)