


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 APR 12 AM 9:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000030150				
1. Corporation Name LT Services, INC.				
2. Principal Office Address 4100 NW 10th Street Suite, Apt. #, etc.		3. Mailing Office Address 4100 NW 10th Street Suite, Apt. #, etc.		
City & State Delray Beach, FL Zip 33445 Country USA		City & State Delray Beach, FL Zip 33445 Country USA		
		4. Date Incorporated or Qualified To Do Business in Florida		
		5. FEI Number 65-0740279 Applied For Not Applicable		
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name William L. Townsend				
Street Address (P.O. Box Number is Not Acceptable) 4100 NW 10th Street				
Suite, Apt. #, Etc.				
City Delray Beach		State FL	Zip Code 33445	
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 William L. Townsend		Date 3/19/04		
REGISTERED AGENT MUST SIGN				
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	William L. Townsend	4100 NW 10th Street	Delray Beach, FL 33445	
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: William L. Townsend		Date 3/19/04	Daytime Phone # 561-445-8898	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E081 (01/04)

LT Services, Inc.
4100 NW 10th Street
Delray Beach, FL 33445

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Doc. Loc.#P97000030150

To Whom It May Concern:

Please find our check enclosed for the amount of \$150.00 for the filing fees of 2003 Corporation Reinstatement fee. We did not receive our original Uniform Business Report in the mail.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "William L. Townsend". The signature is written in dark ink and is positioned above the printed name and title.

William L. Townsend
President