PLEASE READ	ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
CORPORATION	FLORIDA DEPARTMENT OF STATE Katherine Harris	FILED
	Secretary of State DIVISION OF CORPORATIONS	02 JAN 17 PH 12: 19
DOCUMENT # P9700 1. Corporation Name INDUSTRIES TO 1. TO THE STAND CT NORTH WEST PARM BEACH		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address Same as About Suite, Apt. #, etc.	3. Mailing Office Address 5 AME AS ABOUE Suite, Apt. #, etc.	2001-2002 UBI
City & State WEST PARM BEACH Zip Country	City & State / LORIDA Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 6. O T 903 9 Applied For Not Applicable
33407 U.S.A.	7. Name and Address of Current Registers	CERTIFICATE OF STATUS DESIRED (for a Certificate of Status
Street Address (P.O. Box Number is No.		6000048835460 -02/06/02010690109 ****150.00 ****191.00

Suite, Apt. #, Etc.

	M. 1. p.		FL 33MOX
I. I, being ignature d egistered	of Agent Lower Truly	corporation, am familiar with and accept the obligations of se	Date
Names	s and Street Addresses of Each Officer and/or Directo	or (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
PRES	YALLEY YRIEDMAN	1135 53RD CT NORTH	WEST PARM BEACH
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NORTH

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 filling 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. FRIEDMAN SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED

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L & Z INVESTMENT, INC.
Ph: 561-848-2538 Fax: 561-844-0001
1135 53rd. Court North
West Palm Beach, FL 33407

December 18, 2001

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, Florida 32314

To Whom It May Concern, I, Farley Friedman, President of L & Z Investment did not receive the Reinstatement Form 203 for the year 2001. Due to a separation and later a divorce, I was not living at my house with my wife, all mail went to that address and she did not inform me of any notices regarding L & Z Investments.

Enclosing is a check for \$150.00 (one hundred and fifty dollars) to reinstate corporation. Please any future correspondence should be mailed to address above.

Sincerely

Farley Friedman

President - - -

L & Z INVESTMENT, INC.