

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 MAY 28 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058897

1. Corporation Name

LJE, INC.

2. Principal Office Address

1148 Thomasville Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1148 Thomasville Lane

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33811

Country

USA

Zip

33811

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1998

5. FEI Number

593519015

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DEBRA A. EDWARDS

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

1148 Thomasville Lane

Suite, Apt. #, Etc.

City

LAKELAND

State
FL

Zip Code

33811

000005754380--3

06/11/02--0110E--006

***900.00 ***900.00

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

Debra A. Edwards

REGISTERED AGENT MUST SIGN

Date

5/22/02

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
DP	LARRY J. EDWARDS	1148 Thomasville Lane	Lakeland, FL 33811
STD	DEBRA A. EDWARDS	1148 Thomasville Lane	Lakeland, FL 33811

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:

Debra A. Edwards DEBRA A. EDWARDS 5/22/02 (863) 559-8153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)