

04-06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY 30 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700076065707

06/09/06--01005--020 \*\*1050.00

CR2E081 (12/05)

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000001909

1. Corporation Name

LL, INC.

REINSTATEMENT 04-06

2. Principal Office Address

1521 Stillwater Drive

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 414742

Suite, Apt. #, etc.

City &amp; State

Miami Beach, FL

City &amp; State

Miami Beach, FL

Zip  
33141Country  
USAZip  
33141Country  
USA4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/1999

5. FFL Number

03-0481440

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  
James K. RubinStreet Address (P.O. Box Number is Not Acceptable)  
1100 NE 163rd StreetSuite, Apt. #, Etc.  
Suite 101City  
North Miami BeachState  
FLZip Code  
33162-4515

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

REGISTERED AGENT MUST SIGN

Date 4/3/2006

## 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	Rheault, Louis	1521 Stillwater Drive	Miami Beach, FL 33141
ST	Rheault, Lise	1521 Stillwater Drive	Miami Beach, FL 33141

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/2006

Date

(305) 861-1468

Daytime Phone #