

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 12 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 999-8076

1. Corporation Name

LS96 INVESTMENTS DBA ORTEGA SHELL

2. Principal Office Address

5344 ORTEGA BOULEVARD

Suite, Apt. #, etc.

3. Mailing Office Address

ESAME

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

SAME

Zip

32210

Country

U.S.A.

Zip

SAME

Country

SAME

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/23/1999

5. FEI Number

59 355 3280

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

ALLEN, GLENN K.

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

353 E. FORSYTH ST.

Suite, Apt. #, Etc.

000032777870

04/15/04--01014--002 **300.00

City

JACKSONVILLE

State

FL

Zip Code

32202

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

4/1/04

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
<u>PRES.</u>	<u>JAMES. C. STOWELL</u>	<u>5180 SIESTA DEL RIO</u>	<u>JACKSONVILLE, FL 32258</u>
<u>V. PRES</u>	<u>TIMOTHY KERR</u>	<u>4658 PINWOOD RD.</u>	<u>JACKSONVILLE, FL 32210</u>
<u>V. PRES</u>	<u>ROBERT THOMAS</u>	<u>4343 KENNEPA DR.</u>	<u>JACKSONVILLE, FL 32207</u>
<u>SECRETARY</u>	<u>AARON ALBRITTON</u>	<u>3417 LENCZYK DR. WEST</u>	<u>JACKSONVILLE, FL 32277</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/04 (904) 387-9218

Daytime Phone #

CR2E081 (10/02)



Ortega Shell

We are here for you!

DEAR SIR OR MADAM,

THIS LETTER IS TO INFORM YOU THAT
I NEVER RECEIVED A NOTICE OF RENEWAL.
I ASSUME IT WENT TO OUR MAILING
ADDRESS WHICH IS INCORRECT BECAUSE WE
MOVED. WE NEVER RECEIVED NOTICE OF
CANCELLATION OR RENEWAL TO OUR PRIMARY
ADDRESS. IF YOU HAVE ANY QUESTIONS
PLEASE CALL ME. (904) 387-9218

THANK YOU,

AARON ALBRITTON



Ortega Shell

Primary Business Address 5344 Ortega Blvd Jacksonville Florida 32210 Phone: (904) 387-9218
Email: ortegashell3006@techemail.com

Fax: (904) 387-0750