

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000614977

1. Corporation Name

LJH Enterprise, Inc.

2. Principal Office Address

664 Caribbean Drive

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33803

Country

Polk

3. Mailing Office Address

664 Caribbean Drive

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33803

Country

Polk

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

02/15/1999

5. FEI Number

59-3560118

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

Humphries, J. Gregory

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

300 South Orange Avenue

Suite, Apt. #, Etc.

Suite 100

City

Orlando

State

FL

Zip Code

32801-3373

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

J. Gregory Humphries
REGISTERED AGENT MUST SIGN

Date

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
PSTD	Linda Harrell	664 Caribbean Drive	Lakeland, FL 33803

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:

Linda Harrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03
Date

863-644-9860
Daytime Phone #

CP2E081 (10/02)

2/17

**SHUTTS
&
BOWEN
LLP**

ATTORNEYS AND COUNSELLORS AT LAW

J. GREGORY HUMPHRIES

Direct Line: (407) 835-6940

E-Mail Address:

Jhumphries@shutts-law.com

February 10, 2003

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

Re: LJH Enterprise, Inc.
Document No. P99000014977

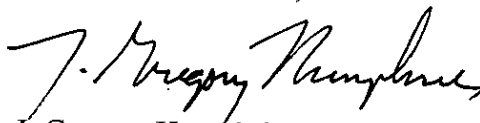
Dear Sir or Madam:

As counsel for and on behalf of the above corporation, I am enclosing an Application for Reinstatement, together with three checks, each in the amount of \$150.00, in payment of the 2001, 2002 and 2003 Uniform Business Report filing fees. Inasmuch as we did not receive the UBR forms for 2001 and 2002, we are requesting that the \$600.00 reinstatement fee be waived.

Thank you for your assistance.

Sincerely,

SHUTTS & BOWEN, LLP



J. Gregory Humphries

JGH/lis
Enclosures

cc: Linda Harrell (with enclosures)

ORLDOCS 10155861.1 LKS