
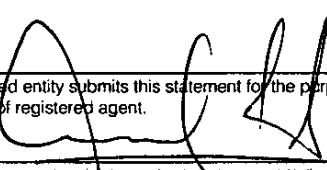
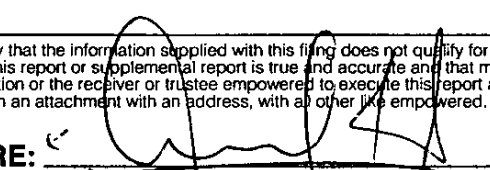


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000032274					
1. Entity Name L & Y CORPORATION					
Principal Place of Business 14 NE 1ST AVE 806A MIAMI, FL 33132			Mailing Address 1319 CROTON COURT WESTON, FL 33327		
2. Principal Place of Business 1690 VICTORIA POINTE CIRCLE		3. Mailing Address Suite, Apt. #, etc. "BAMR"			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Weston FL		City & State		4. FEI Number 65-0909222	
Zip 33327		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, JOSE F 1319 CROTON COURT WESTON, FL 33327			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1690 VICTORIA POINTE CIRCLE City Weston FL Zip Code 33327		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 9-20-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, JOSE F 1319 CROTON COURT WESTON, FL 33327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1690 VICTORIA POINTE CIRCLE WESTON FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060059745 09/29/05--01012--012 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060059745 09/29/05--01012--012 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060059745 09/29/05--01012--012 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060059745 09/29/05--01012--012 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE: 9-20-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED
 05 SEP 26 PM 2:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



09212005 REIN-P CR2E098 (6/04)

Handwritten initials