

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **P99000075547**

1. Corporation Name
1097 LEJEUNE INVESTMENTS, INC.

Principal Place of Business Mailing Address

1097 SW LEVEUNE CORAL GABLES FL 33134 **570 MARQUESA DR. CORAL GABLES FL 33156**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED
 01 OCT 22 PM 5:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country

3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **08/24/1999**

5. FEI Number **65-0957908** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ARAN, ALBERTO	570 MARQUESA DRIVE	CORAL GABLES FL 33156
D	ARAN, LUCI	570 MARQUESA DRIVE	CORAL GABLES FL 33156

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 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ARAN, ALBERTO J
570 MARQUESA DR.
CORAL GABLES FL 33156

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date **10/15/01**

REGISTERED AGENT MUST SIGN

11. 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]* **ALBERTO J. ARAN** Date **10/15/01** Daytime Phone # **305-442-2020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/01)