

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000076771

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** L & N CONVENIENCE & CHECK CASHING STORE, INC.

**Current Principal Place of Business:**

10041 NW 35TH STREET  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

118 WEST MOWRY DRIVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

10041 NW 35TH STREET  
HOLLYWOOD, FL 33024

**New Mailing Address:**

**FEI Number:** 65-0944684      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERNARD, ANTHONY  
9032 S.W. 152ND. STREET  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ANTHONY BERNARD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**.

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KHAN, REIAZ  
Address: 10041 NW 35TH STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: SD ( ) Delete  
Name: SINGH, NOREEN N  
Address: 10840 SW 16TH STREET  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: SINGH, NOREEN N  
Address: 10840 SW 165TH STREET  
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOREEN SINGH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SD

04/30/2008

\_\_\_\_\_  
Date