

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

01 JUL 18 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

999 000 105809

1. Corporation Name

LJS ENTERPRISES, INC.  
911 W. Mowry Drive  
HOMESTEAD, FL 33030

2. Principal Office Address

911 W. Mowry Dr.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33030

Country

MIAMI-DADE

3. Mailing Office Address

911 W. Mowry Dr.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33030

Country

MIAMI-DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

JANUARY 1, 2001

5. FEI Number

105-1005960

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

JESUS SANTOVENIA

300004534313-1

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

911 W. Mowry Drive

08/14/01-01070-006

\*\*\*308.75 \*\*\*308.75

Suite, Apt. #, Etc.

City

HOMESTEAD

State  
FL

Zip Code

33030

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

7-1-2001

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

D JESUS SANTOVENIA 911 W. Mowry Dr.

HOMESTEAD, FL 33030

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-4-2001

Daytime Phone #

CR2E081 (9/00)