

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

999000106457

1. Corporation Name

L.A.D. FINANCIAL, Corp.

2. Principal Office Address - No P.O. Box #

605 HERMITAGE CIR

Suite, Apt. #, etc.

3. Mailing Office Address

8461 LAKEWORTH RD.

Suite, Apt. #, etc.

159

City & State

PALM BEACH GARDENS, FL

City & State

WELLINGTON, FL

Zip

33410

Country

USA

Zip

33467

Country

USA

7. Name and Address of Current Registered Agent

Name

LESLEY KEENAN

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

605 HERMITAGE CIR

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

Lesley Keenan

REGISTERED AGENT MUST SIGN

Date

10.13.08

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 | LESLEY KEENAN | 605 HERMITAGE CIR | PALM BEACH GARDENS FL 33410 |
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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 contained in Chapter 119, 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:

Lesley Keenan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.13.08

Daytime Phone #

954.383.1122

FILED

08 DEC -3 PM 1:09

CLERK OF STATE
TALLAHASSEE, FLORIDA

500138406605
12/03/08--01020--008 **750.00

REINSTATEMENT

04-08