

2010

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

10 MAY 12 PM 3:17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P07000120842

1. Corporation Name

L2R Consulting, Inc

~~WF 21142~~

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

8863 NW 142 Ln

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc

same

City & State

Miami Lake, FL

City & State

Zip 33018

Country US

Zip

Country

600179437336 04/30/10--01046--002 **300.00 REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida

11/05/2007

5. FEI Number

26-1379522

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

Yesenia Rodriguez

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

8863 NW 142 Ln

Suite, Apt #, Etc.

City

Miami Lake

State

FL

Zip Code

33018

PROFIT CORPORATIONS ONLY The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

600179437336 05/12/10--01038--005 **150.00

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

Yesenia Rodriguez

REGISTERED AGENT MUST SIGN

Date 4.27.10

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
P	Rodriguez, Yesenia	8863 NW 142 Ln	Miami Lakes, FL 33018
VPS	Rodriguez, Irene	8863 NW 142 Ln	Miami Lakes, FL 33018

10. E-mail Address: yrodriguez315@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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: *Yesenia Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.10

Date

2305.469.4031

Daytime Phone #