

2006 FOR PROFIT CORPORATION REINSTATEMENT


APPROVED
AND
FILED

06 MAY 25 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000147258

1. Entity Name
LAFINA SOLUTIONS INC.



Principal Place of Business 10701 MYRTLE STREET TEMPLE TERRACE, FL 33617	Mailing Address 10701 MYRTLE STREET TEMPLE TERRACE, FL 33617
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2. Principal Place of Business <i>2320 W. Linebaugh Ave.</i> Suite, Apt. #, etc.	3. Mailing Address <i>2320 W. Linebaugh Ave</i> Suite, Apt. #, etc.
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04122006 REIN-P CR2E098 (11/05)

City & State <i>TAMPA, FL.</i>	City & State <i>TAMPA FL.</i>
Zip <i>33612</i>	Country <i>HILLSBOROUGH</i>
Zip <i>33612</i>	Country <i>HILLSBOROUGH</i>

4. FEI Number <i>56-2487500</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name *LARA N. BONETA*

Street Address (P.O. Box Number is Not Acceptable)
2320 W. Linebaugh Ave.

City *TAMPA* FL Zip Code *33612*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *LARA N. BONETA* *4-12-2006*

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONETA, LARA NATASH 10701 MYRTLE STREET TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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06/21/06--01016--007 **309.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *[Signature]* *LARA N. BONETA - President* *4/12/06* *813-334-7631*

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

5/3/06