


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000147258 1. Entity Name LAFINA SOLUTIONS INC.	
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FILED

08 MAY 27 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2320 W. LINBAUGH AVE. TAMPA, FL 33612	Mailing Address 2320 W. LINBAUGH AVE. TAMPA, FL 33612
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2. Principal Place of Business - No P.O. Box # 9306 N. FOREST HILLS DR. Suite, Apt. #, etc.	3. Mailing Address 9306 N. FOREST HILLS DR. Suite, Apt. #, etc.
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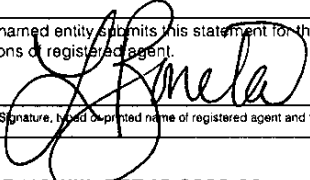
05132008 REIN-P CR2E098 (1/07)

City & State TAMPA, FL.	City & State TAMPA, FL.		
Zip 33602	Country FLORIDA	Zip 33602	Country FLORIDA

4. FEI Number 56-2487500	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BONETA, LARA N 2320 W. LINBAUGH AVE. TAMPA, FL 33612	7. Name and Address of New Registered Agent Name LARA N. BONETA Street Address (P.O. Box Number is Not Acceptable) 9306 N. FOREST HILLS DR. City TAMPA FL Zip Code 33602
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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:  **LARA N. BONETA** DATE: **5-17-08**

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

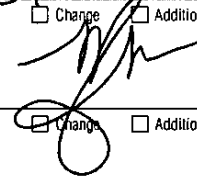
FILE NOW!!! FEE IS \$300.00

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

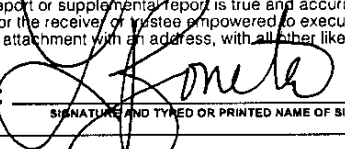
10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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REINSTATEMENT

07-08



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:  **LARA N. BONETA** Date: **5/18/08** Daytime Phone #: **(813) 334-7637**

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