

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F05000006165</b>					
<b>1. Entity Name</b> HACIENDA L.M., INC.					
<b>Principal Place of Business</b> CARRETER #2 KM. 16.3 HATO TEJAS BAYAMON, P.R. 00960,			<b>Mailing Address</b> CARRETER #2 KM. 16.3 HATO TEJAS BAYAMON, P.R. 00960,		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BRANDT, MARK ESQ. 595 MAIN STREET DUNEDIN, FL 34698			Name <u>Wileen L. Swanson</u> Street Address (P.O. Box Number is Not Acceptable) <u>2522 Sw 27th Ave</u> City <u>Deer</u> <span style="float: right;">FL Zip Code <u>33474</u></span>		
<b>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.</b>					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>7-7-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ FELICES, ANTONIO CARRETER #2 KM. 16.3 HATO TEJAS BAYAMON, P.R. 00960,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400106411204 07/19/07--01057--014 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANDRON NATER, ESTELA CARRETER #2 KM. 16.3 HATO TEJAS BAYAMON, P.R. 00960,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7/11/07 <b>REINSTATEMENT</b> 06-07	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		

FILED  
07 JUL 17 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07072007 REIN-P CR2E098 (1/07)

4. FEI Number 20-8207504 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required