


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000088350		
1. Entity Name LAZIO LIMITED LIABILITY COMPANY		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 30 PM 4:13

Principal Place of Business 260 CRANDON BLVD SUITE 14 KEY BISCAIYNE, FL 33149	Mailing Address 260 CRANDON BLVD SUITE 14 KEY BISCAIYNE, FL 33149
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05222007 REIN-LLC CR2E101 (1/07)

4. FEI Number 41-2162745	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SALA AND GOMEZ PA 260 CRANDON BLVD SUITE 14 KEY BISCAIYNE, FL 33149	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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]* DATE 5/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VISHTEH, A. GIANCARLO 5936 E. SOLCITO LANE PARADISE VALLEY, AZ 85253 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400103916844 06/05/07--01046--004 **100.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VISHTEH, SHERYL 5936 E. SOLCITO LANE PARADISE VALLEY, AZ 85253 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2006-07

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE 5/22/07 (305) 261-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #