2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000008059

Entity Name: LION'S HOUSE, INC.

FILED Nov 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1022 EAST FLORA STREET TAMPA, FL 33604

Current Mailing Address: New Mailing Address:

1022 EAST FLORA STREET TAMPA, FL 33604

FEI Number: 03-0488926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAPTISTE-ALKEBU-LAN, SABA 1022 EAST FLORA STREET TAMPA, FL 33604 US

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.

SIGNATURE: SABA BAPTISTE-ALKEBU-LAN

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ()Delete Title: ()Change ()Addition

 Name:
 BAPTISTE-ALKEBU-LAN, SABA
 Name:

 Address:
 1022 EAST FLORA STREET
 Address:

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:

Title: D () Delete Title: SEC. (X) Change () Addition Name: ALKEBU-LAN, NIA DENA Name: ALKEBU-LAN, NIA DENA Address: 1022 EAST FLORA STREET Address: 1022 EAST FLORA STREET

City-St-Zip: TAMPA, FL 33604 City-St-Zip: TAMPA, FL 33604

Title: D () Delete Title: PARL (X) Change () Addition

 Name:
 MSISKA, AULBANE
 Name:
 MSISKA, AULBANE

 Address:
 14964 OLD POINTE ROAD
 Address:
 14964 OLD POINTE ROAD

 City-St-Zip:
 TAMPA, FL 33613
 City-St-Zip:
 TAMPA, FL 33613

Title: D () Delete Title: PR (X) Change () Addition

 Name:
 MSISKA, KUMBUKANI
 Name:
 TRIGG, MICHAEL L

 Address:
 14964 OLD POINTE ROAD
 Address:
 6269 CANOPY DRIVE

 City-St-Zip:
 TAMPA, FL 33613
 City-St-Zip:
 TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABA BAPTISTE-ALKEBU-LAN PRES 11/29/2006