## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N98000005195

COWERT, RAMONE

MIAMI, FL 33055

4601 NW 183 ST APT B3

Name:

Address:

City-St-Zip:

FILED Nov 14, 2006 Secretary of State

Entity Nar	me: LAMTRAK PRODUCTIONS INC.		•	
Current P	rincipal Place of Business:	New Principal Pla	New Principal Place of Business:	
9331 SW 7 PEMBROK	7TH ST KE PINES, FL 33025			
Current M	lailing Address:	New Mailing Add	New Mailing Address:	
9331 SW 7 PEMBROK	7TH ST KE PINES, FL 33025			
	: 59-3539242 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable ( not receive the prior notice.	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Addres	ss of New Registered Agent:	
	7TH ST KE PINES, FL 33025 US			
	named entity submits this statement for the e of Florida.	e purpose of changing its regist	ered office or registered agent, or both,	
SIGNATUR	RE: CAINON LAMB			
	Electronic Signature of Registered A	\gent	Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( ) Delete LAMB, CAINON R 9331 SW 7TH ST PEMBROKE PINES, FL 33025	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BENNETT, SANDRA 3420 NW 179 STREET MIAMI, FL 33056	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete LAMB, CECIL 9331 SW 7TH STREET PEMBROKE PINES, FL 33025	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SANDRA BENNETT 11/14/2006 D