


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000035224 1. Entity Name LOBO'S LATHING, INC.						FILED 05 MAY 12 PM 2:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1110 S. 14TH CT. LANTANA, FL 33462				Mailing Address 1110 S. 14TH CT. LANTANA, FL 33462			
2. Principal Place of Business 19200 Glades Cut off Rd.				3. Mailing Address 19200 Glades Cut off Rd.			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Port Saint Lucie, FL				City & State Port Saint Lucie, FL			
Zip 34987		Country U.S.A		Zip 34987		Country U.S.A	
4. FEI Number 65-0998161				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MUNIVE, MARTIN 1110 S. 14TH CT. LANTANA, FL 33462				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNIVE, MARTIN 1110 S. 14TH CT. LANTANA, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Munive, Martin 19200 Glades Cut off Road Port Saint Lucie, FL 34987		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE JESUS, EDILBERTO 1110 S. 14TH CT. LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		400054853884 05/19/05--01056--010 **300.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/12/05 Daytime Phone # _____			

4/12/05

To whom it May Concern:

I Martin Munive president of
Lobo's Lathing, Inc with Doc. #
P00000035224 will like to inform
that I did not receive the Annual
Report therefore I did not send
my Annual report. Enclosed please
find a check of \$300.00 for
2004 & up to date Annual.

Thank you,



* No changes.