2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000067091 1. Entity Name LASTRA SERVICE STATION, INC.			FILED		
			07 OCT 23 PM 12: 49		
Principal Place of Business	Mailing Address		PALLAHASSEE, FLORIDA		
9001 SOUTHWEST 168TH COURT MIAMI, FL 33196	9588 NW 41 ST Doral, FL 33178		TALLAHASSEE, FLORIDA		
2. Principal Place of Business - No P.O. Bok # 3. Mailing Address					
Suite, Apt. #, etc.			10 EINSTATEVENTE098 (1/07)	7	
City & State City & State			4. FEI Number	olicable	
Zip 33189 Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required		
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A.					
343 ALMERIA AVENUE CORAL GABLES, FL 33134		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
		City	FL Zip Code		
8. The above named entity submits this statement	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and a	accept	
the obligations of registered agent.				,	
SIGNATURE Signature typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature req	ulred when reinstating) DATE	_	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.	00		In accordance with s. 607.193(2)(b), F.S., corporation did not receive the prior notice		
10. OFFICERS AND TITLE PSTD	D DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	11 Addition	
NAME LASTRA, JOURDAN		NAME 0	reta, Jourcan	Addition	
STREET ADDRESS 9001 SOUTHWEST 168TH CO	URT	STREET ADDRESS CITY-ST-ZIP 20	245 Franjo Pid Miani F/ 33180	7	
THILE NAME	Delete	TITLE NAME	☐ Change ☐	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-SI-ZIP	10/23/0701035013 7450.00		
TITLE	□ Delete	TITLE		Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS TITLE NOTE TO THE PROPERTY OF THE	☐ Delete	TITLE	☐ Change ☐	Addition	
STREET ADDRESS WILLIAM	•	NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		4.4.241	
ITITLE NAME	☐ Delete	NAME	→ Change □	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	Delete -		Change C	Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP	th this filling shope not access to	CITY-ST-ZIP	and in Chanter 110 Florida Statutae I further continue that the inform		
indicated on this report or supplemental deport	is true and accurate and that r powered to execute this report	my signature shall have the t as required by Chapter 6	ed in Chapter 119, Florida Statutes. I further certify that the informe e same legal effect as if made under oath; that I am an officer or dii 07. Florida Statutes; and that my name appears in Block 10 or Bloc	irector	
The state of the s	A				
SIGNATURE: SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date Daysirre Phone •		