

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000098205</b> 1. Entity Name <b>L &amp; A QUALITY PRODUCTS, INC.</b>						<b>FILED</b> <b>08 MAY -7 AM 9:26</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2181 N.W. 10TH AVENUE MIAMI, FL 33127</b>				Mailing Address <b>2181 N.W. 10TH AVENUE MIAMI, FL 33127</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country				City & State Zip      Country			
<b>6. Name and Address of Current Registered Agent</b>  <b>MUNIZ, ALBERT 15744 SW 46 ST MIAMI, FL 33185</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>MUNIZ, ALBERT</b> <b>2151 NW 10 AVE</b> <b>MIAMI, FL 33127</b>	<input 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	STD <b>GUERRA, JESUS</b> <b>2181 NW 10TH AVE</b> <b>MIAMI, FL 33127</b>	<input 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	<div style="font-size: 2em; transform: rotate(-15deg); display: inline-block;">m 5/12</div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>900129592749</b>  <b>05/15/08--01020--002    **300.00</b> </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. 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 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.</b>							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<small>Date</small>	<small>Daytime Phone #</small>