2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000113251

1 HUGO CT.

SILVER SPRINGS, MD 20906

Address:

City-St-Zip:

FILED Oct 27, 2008 Secretary of State

Entity Nan	ne: LAKEUKA	INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
9745 N. MA SEBASTIAI	RINA DR N, FL 32958					
Current Mailing Address:			New Mailir	New Mailing Address:		
9745 N. MA SEBASTIAI	RINA DR N, FL 32958					
FEI Number:	59-3685150	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	UGENE RINA DRIVE N, FL 32958	US				
The above in the State		ubmits this statement for the pu	urpose of changing it	ts registered office or registered agent, or both,		
SIGNATUR	E: EUGENE	GILSON				
	Electroni	c Signature of Registered Age	nt	Date		
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice	e.		
	AND DIRECT	` ,	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	S:	
Title: Name: Address: City-St-Zip:	D () I GILSON, JACKL 9745 N. MARINA SEBASTIAN, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () I GILSON, GREGO 336 CORAL ST VENICE, FL 342		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () I GILSON, LYNNE 830 FULTON ST REDWOOD CITY		Title: Name: Address: City-St-Zip:	D (X) Change () Addition GILSON, LYNNE 9745 N. MARINA DR. SEBASTIAN, FL 32958		
Title: Name:	D () GILSON, JENNIF	Delete FER	Title: Name:	D (X) Change () Addition GILSON, JENNIFER		

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

336 CORAL ST.

VENICE, FL 34285

SIGNATURE: EUGENE GILSON MGR. 10/27/2008