## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000059447

Address:

City-St-Zip:

8869 S.W. 131 CT

MIAMI, FL 33186

Entity Name: LUMP SUM GROUP, INC.

**FILED** Dec 03, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 317 MIRACLE MILE CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 317 MIRACLE MILE CORAL GABLES, FL 33134 FEI Number: 65-1118911 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINEZ, SANTIAGO 317 MIRACLE MILE CORAL GABLES, FL 33134 US 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. SIGNATURE: SANTIAGO MARTINEZ Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MARTINEZ, SANTIAGO Name: Name: 9620 S.W. 103 PLACE Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: BLASCO, RICARDO Name: 12689 N.W. 10TH WAY Address: Address: MIAMI, FL 33182 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition GOMILA, MITCHEL Name: Name: 4565 S.W. 153 AVE Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SRIBOONROD, PIYACHAT Name: Name:

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:

SIGNATURE: SANTIAGO MARTINEZ **PRES** 12/03/2008