

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 SEP 29 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



418106 90091 042 150.00
09282006 REIN-P CR2E098 (11/05)

DOCUMENT # P01000087927					
1. Entity Name LFG SERVICES CORP.					
Principal Place of Business 7800 SW 29 ST MIAMI, FL 33055			Mailing Address 7800 SW 29 ST MIAMI, FL 33055		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1137764	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GONZALEZ, LUIS F 7800 SW 29 ST MIAMI, FL 33055			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 DATE					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	PD <input type="checkbox"/> Delete				
NAME	GONZALEZ, LUIS F	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7800 SW 29 ST	NAME			
CITY-ST-ZIP	MIAMI, FL 33055	STREET ADDRESS			
		CITY-ST-ZIP			
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 reports 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: Date _____ Daytime Phone # _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					