

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000109683 1. Entity Name L. CARMAL INC.						FILED 04 NOV 23 PM 1:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9823 N W 57TH MANOR CORAL SPRINGS, FL 33706				Mailing Address 9823 N W 57TH MANOR CORAL SPRINGS, FL 33706			
2. Principal Place of Business 12706 NW 78TH MANOR Suite, Apt. #, etc.				3. Mailing Address 12706 NW 78TH MANOR Suite, Apt. #, etc.			
City & State PARKLAND FL Zip 33076				City & State PARKLAND FL Zip 33076			
Country U.S.A.				Country U.S.A.			
4. FEI Number 65-1158869				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEVY, CAROL 9823 N W 57TH MANOR CORAL SPRINGS, FL 33706				7. Name and Address of New Registered Agent Name LEVY LISA Street Address (P.O. Box Number is Not Acceptable) 12706 NW 78TH MANOR City PARKLAND FL Zip Code 33076			
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 <i>[Signature]</i> DATE 11/17/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, 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 checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	LEVY, CAROL		NAME	LEVY, LISA			
STREET ADDRESS	9823 N W 57TH MANOR		STREET ADDRESS	12706 NW 78TH MANOR			
CITY-ST-ZIP	CORAL SPRINGS, FL 33706		CITY-ST-ZIP	PARKLAND FL 33076			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	300042963999	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	LEVY, MICHAEL		NAME	11/23/04--01058--009 **158.75			
STREET ADDRESS	9823 N W 57TH MANOR		STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS, FL 33706		CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	LEVY, KERRI		NAME				
STREET ADDRESS	9823 N W 57TH MANOR		STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS, FL 33706		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	LEVY, KAREN		NAME				
STREET ADDRESS	9823 N W 57TH MANOR		STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS, FL 33706		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>[Signature]</i> DATE 11/17/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							