2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000013703

Address:

City-St-Zip:

6923 CYPRESS RD. # C-15

PLANTATION, FL 33317 US

Entity Name: LAGUNA ATLANTIC CORPORATION

FILED Oct 10, 2007 Secretary of State

Entity Name: LAGUNA ATLANTIC CORPORATION							
Current Principal Place of Business:				New Principal Place of Business:			
6923 CYPF C-15	RESS ROAD						
PLANTATION, FL 33317							
Current Mailing Address:				New Mailing Address:			
6923 CYPRESS ROAD C-15 PLANTATION, FL 33317				24031 EL TORO ROAD STE. 250 LAGUNA HILLS, CA 92653			
FEI Number:	per: 01-0590411 FEI Number Applied For () FEI Num			ber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LLORENTE, AIDA 6923 CYPRESS ROAD C-15 PLANTATION, FL 33317 US				LLORENTE, AIDA PRES. 6923 CYPRESS ROAD C-15 PLANTATION, FL 33317 US			
The above in the State		ubmits this statement for the pu	ırpose of ch	anging its	s registered	d office or registered agent, or both,	
SIGNATURE: AIDA LLORENTE				10/10/2007			
	Electroni	c Signature of Registered Ager	nt			Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the p	rior notice) .		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MRS. () LLORENTE, AID 6923 CYPRESS PLANTATION, FI	RD. # C-15				() Change () Addition	
Title: Name: Address: City-St-Zip:	MRS. () LLORENTE, AID 6923 CYPRESS PLANTATION, FI	RD. # C-15			LLORENTE, 6923 CYPRE	(X) Change () Addition AIDA A SECR. ESS RD. # C-15 N, FL 33317 US	
Title: Name: Address: City-St-Zip:	MRS. () LLORENTE, AID 6923 CYPRESS PLANTATION, FI	RD. # C-15				() Change () Addition	
Title: Name:	MRS. () LLORENTE, AID	Delete A DIRECTR	Title Nar			() Change () Addition	

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: AIDA LLORENTE PRES 10/10/2007