



2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000029618 1. Entity Name LASER LAN SYSTEMS, INC.						FILED 2009 SEP 25 PM 6:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7218 NW 31 ST MIAMI, FL 33122				Mailing Address 7218 NW 31 ST MIAMI, FL 33122			
2. Principal Place of Business - No P.O. Box # 12864 BISCAYNE BLVD		3. Mailing Address SAME		 09242009-1 REIN-11/09 09242009-1/09 08-09			
Suite, Apt. #, etc. SUITE 279		Suite, Apt. #, etc. SUITE 279					
City & State Miami FL		City & State Miami FL		4. FEI Number 01-0641249		Applied For <input type="checkbox"/> Not Applicable	
Zip 33181		Country USA		Zip 33181		Country USA	
6. Name and Address of Current Registered Agent SEMPRUN, EUCLIDES 7218 NW 31 ST MIAMI, FL 33122				7. Name and Address of New Registered Agent Name JULIO RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 12864 BISCAYNE BLVD # 279 City Miami FL Zip Code 33181			
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: X JULIO RODRIGUEZ 9-24-09 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$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 P <input checked="" type="checkbox"/> Delete NAME SEMPRUN, EUCLIDES STREET ADDRESS 7218 NW 31 ST CITY- ST- ZIP MIAMI, FL 33122				TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JULIO RODRIGUEZ STREET ADDRESS 12864 BISCAYNE BLVD # 279 CITY- ST- ZIP Miami FL 33181			
TITLE D <input checked="" type="checkbox"/> Delete NAME SEMPRUN, MARGARITA STREET ADDRESS 7218 NW 31 ST CITY- ST- ZIP MIAMI, FL 33122				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 100161045301 STREET ADDRESS 09/25/09--01018--012 CITY- ST- ZIP **300.00			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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 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 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: X JULIO RODRIGUEZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9-24-09 <small>Date</small>			