


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000060397		
1. Entity Name LOMICKY ENTERPRISES, INC.		

Principal Place of Business 20 SOUTHERN CROSS CIRCLE #207 BOYNTON BEACH, FL 33436	Mailing Address 20 SOUTHERN CROSS CIRCLE #207 BOYNTON BEACH, FL 33436
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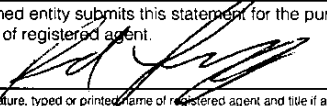
2. Principal Place of Business Suite, Apt. #, etc. 6550 JACQUES way City & State Lake worth FL Zip 33463 Country	3. Mailing Address Suite, Apt. #, etc. 6550 JACQUES way City & State Lake worth FL Zip 33463 Country
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6. Name and Address of Current Registered Agent LOMICKY, RICHARD 20 SOUTHERN CROSS CIRCLE #207 BOYNTON BEACH, FL 33436	
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FILED
06 NOV 21 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT_06

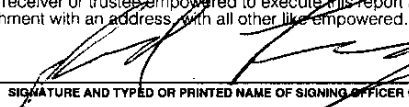
4. FEI Number 07-3185257		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name Richard Lomicky Street Address (P.O. Box Number is Not Acceptable) 6550 JACQUES way City Lake worth FL Zip Code 33463	
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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 11/4/06

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMICKY, RICHARD 20 SOUTHERN CROSS CIRCLE #207 BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Lomicky 6550 JACQUES way Lake worth FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000819852 11/21/06-01037-005 **150.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 11/4/06 Daytime Phone #

11/04/06

2492

To whom it may concern:

Please excuse me Richard Lomicky (Lomicky Enterprise
inc) for not filing on time but do
to an Address change I never received my
First 2006 Registration card. Do to this inconvenience
I would like to be excused from
all late fees. This is greatly appreciated.

Sincerely yours.
Richard Lomicky.
Richard Lomicky.