

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV - 12 PM 2:55

3/11/04 90018 050 150.00



DOCUMENT # P02000069143

1. Entity Name
LINA ENTERPRISES, INC.



Principal Place of Business
1918 COLETT PLACE
KISSIMMEE, FL 34741

Mailing Address
1918 COLETT PLACE
UNIT 4
KISSIMMEE, FL 34741

2. Principal Place of Business
1918 CORNETT PLACE

3. Mailing Address
1918 CORNETT PLACE

Suite, Apt. #, etc.

City & State
KISSIMMEE FL

City & State
KISSIMMEE FL

Zip
34741

Country

6. Name and Address of Current Registered Agent

MOHANOD, ULLAH W
1918 CORNETT PLACE
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
MOHANOD W ULLAH

Street Address (P.O. Box Number is Not Acceptable)
1918 CORNETT PLACE

City
KISSIMMEE

FL

Zip Code
34741

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 Mullah DATE 11/9/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOHANOD, UTTAH W 1918 CORNETT PLACE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOHANOD W ULLAH 1918 CORNETT PLACE KISSIMMEE FL 34741 <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
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
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 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mullah DATE 11/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Accounting, Inc.

212
4907 CARDER ROAD #4
ORLANDO FL 32810
407.292.1964
407.445.1755 FAX

Mr Andy Dunlap
Reinstatement Division
Division of Corporation
P.O. Box 6327
Tallahassee FL 32314

RE: Lina Enterprises, Inc.

Please be advised that my client Mr Ullah did not receive your reject letter dated 3/15/04

I am enclosing a new signed UBR as discussed and the state has already cashed the check, Once again
Many thanks for all the help you provide throughout the year it is truly appreciated

Sincerely


Ingrid Goldberg