2006 FOR PROFIT CORPORATION REINSTATEMENT

06 JAN -9 AM 10:44

SEC... OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

DOCUMENT # P02000132773

1. Entity Name
LISSCO MARKETING, INC.

Principal Place of Business	Mailing Address
21205 NE 37TH AVE, APT. #808N AVENTURA, FL 33180	21205 NE 37TH AVE, APT. #808N AVENTURA, FL 33180

2. Principal Place of Business	3. Mailing Address
20804 Biscayne Blvd.	20804 Biscayne Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

01042006 REIN-P CR2E098 (11/05)

4. FEI Number: 54-2095229 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOENNENWEIN, LISSETTE
21205 NE 37TH AVE, APT. #808N
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: Gonnenwein, Lissette
Street Address (P.O. Box Number is Not Acceptable): 20804 Biscayne Blvd.
City: Aventura FL Zip Code: 33180

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 [signature] Lissette Goennenwein, Registered Agent January 4, 2006
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST GOENNENWEIN, LISSETTE 21205 NE 37TH AVE, APT. #808N AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Goennenwein, Lissette 20804 Biscayne Blvd. Aventura, FL 33180 ☒ Change ☐ Addition
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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 [signature] Lissette Gonnenwein, President January 4, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #