

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 17 AM 8:17

DOCUMENT # P03000031280					
1. Entity Name LANTIGUA-MARTINEZ, CORP.					
Principal Place of Business <del>909 NW 6TH STREET</del> <del>FT LAUDERDALE, FL 33311</del>			Mailing Address <del>909 NW 6TH STREET</del> <del>FT LAUDERDALE, FL 33311</del>		
2. Principal Place of Business 220 NE 17 Ct.		3. Mailing Address 220 NE 17 Ct.		 01122006 REIN-P CR2E098 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State POMPANO BEACH FL		City & State POMPANO BEACH		4. FEI Number 57-1159917	
Zip 33119		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <del>PINO, RAUL FESQ</del> <del>2440 CORAL WAY</del> <del>MIAMI, FL 33146</del>			7. Name and Address of New Registered Agent Name NANCY BURGOS Street Address (P.O. Box Number is Not Acceptable) 220 NE 17 Ct. City POMPANO BEACH FL Zip Code 33119		
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 <i>Nancy Burgos</i>		NANCY BURGOS		01/12/2006	
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 <del>PST</del> <del>FLORES, MILAGROS</del> <del>909 NW 6TH ST.</del> <del>FT LAUDERDALE, FL 33311</del>			TITLE NAME STREET ADDRESS CITY-ST-ZIP DP BURGOS, NANCY 220 NE 17 Ct. Pompano Beach, FL 33119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP DS PAULINO, VICTOR 220 NE 17 Ct. Pompano Beach, FL 33119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP T FLORES, MILAGROS 220 NE 17 Ct. Pompano Beach, FL 33119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 600064521596 01/25/06--01040--023 **\$300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change 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: <i>Nancy Burgos</i>		NANCY BURGOS		01/12/2006 (203) 809-1244	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

1/19/07