

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000046677					
1. Entity Name LOPEZ SERVICE ENTERPRISES, INC.					
Principal Place of Business 770 GERARD AVENUE SEFFNER, FL 33584			Mailing Address 770 GERARD AVENUE SEFFNER, FL 33584		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0828197	
6. Name and Address of Current Registered Agent LOPEZ, FRANK JR. 770 GERARD AVENUE SEFFNER, FL 33584				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Frank Lopez Jr</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 10-04-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	PSD LOPEZ, FRANK JR. 770 GERARD AVENUE SEFFNER, FL 33584		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100041654021 10/06/04--01047--014 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LOPEZ, TERESA I 770 GERARD AVENUE SEFFNER, FL 33584		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>Frank Lopez Jr</i> FRANK LOPEZ JR 10-4-04 (813)267-5620 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

04 OCT 22 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10042004 REIN-P CR2E098 (6/04)

4. FEI Number 55-0828197 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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: Frank Lopez Jr

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