

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000058911</b> 1. Entity Name <b>LAGUNAS CONSTRUCTION GROUP, INC.</b>					
Principal Place of Business <b>PO BOX 900767 HOMESTEAD, FL 33033</b>			Mailing Address <b>PO BOX 900767 HOMESTEAD, FL 33033</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAGUNAS, ENRIQUE 15320 SW 308TH STREET HOMESTEAD, FL 33033				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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: <u>Enrique Lagunas</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$300.00</b>			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 LAGUNAS, ENRIQUE PO BOX 900767 HOMESTEAD, FL 33033		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400055970894 06/09/05--01035--007 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>Enrique Lagunas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED  
 05 JUN -2 AM 11:44  
 SEAL  
 TALLAHASSEE, FLORIDA

4/23/04 90237 010 \$150.00  
 06012005 REIN-P CR2E098 (6/04)

REINSTATEMENT 04-05  
 REINSTATEMENT FL Zip Code

FLORIDA DPT. FO STATE  
ANNUAL REPORT DEPT.  
REF: P03000058911

**ATTENTION: REINSTATEMENT DEPARTMENT**

AS PER OUR CONVERSATION I'M SENDING 2004 AND 2005  
REINSTATEMENT FORM, SINCE I NEVER RECIEVED ANY NOTIFICATION OR NOTICES  
REGARDING THE 2004 ANNUAL REPORT REJECTION LETTER. I WAS NOT AWARE THAT  
MY CORPORATION WAS INACTIVE. PLEASE ACEPT MY PAYMENT OF \$150.00 FOR THE  
2005 ANNUAL REPORT WITHOUT PENALTY SINCE YOU ALREADY HAVE THE \$150.00  
FOR 2004. ONCE AGAIN YOUR CONSIDERATION ON THIS MATTER IS GREATLY  
APPRECIATED.

THANK YOU IN ADVANCE

*Emmanuel Lognes*  
President.