## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000078897

Title:

Name: Address:

City-St-Zip:

FILED Oct 30, 2009 Secretary of State

Entity Nan	ne: LOSICA	NGRIS CORPORATION					
Current Pr	incipal Plac	e of Business:	New Princ	New Principal Place of Business:			
7230 SW 1: MIAMI, FL		3					
Current Ma	ailing Addre	ess:	New Mailir	New Mailing Address:			
PO BOX 83 MIAMI, FL		3					
FEI Number:	26-2562810	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired	( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
YANES, AN 7230 SW 1: MIAMI, FL	26 CT	3	7230 SW 1	BERMUDEZ, CARLO 7230 SW 126 CT MIAMI, FL 33183 US			
The above in the State		submits this statement for the pu	irpose of changing it	s registered of	ffice or registered agent, or	- both,	
SIGNATUR		BERMUDEZ		10/30/2009			
	Electro	nic Signature of Registered Ager	nt		Date		
		93(2)(b), F.S., the corporation did noting Trust Fund Contribution ( ).	receive the prior notice	е.			
OFFICERS	AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( YANES, WILL 7230 SW 126 MIAMI, FL 33	CT	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( PEREZ, JOSE 7230 SW 126 MIAMI, FL 33	СТ	Title: Name: Address: City-St-Zip:	D (X) NUNEZ, LUZ 7230 SW 126 C MIAMI, FL 3318			
Title: Name: Address: City-St-Zip:	D ( SANTIAGO, AI 7230 SW 126 MIAMI, FL 33	СТ	Title: Name: Address: City-St-Zip:	M (X) BERMUDEZ, AR 7230 SW 126 C MIAMI, FL 3318	T.		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILL YANES Ρ 10/30/2009

(X) Delete

NUNEZ, LUZ

2970 SW 112 AVE

DORAL, FL 33172

() Change () Addition