

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000084643	
1. Entity Name LT&G ENTERPRISES INC.	



FILED
05 FEB 11 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 8177 LAKE SERENE DRIVE ORLANDO, FL 32836	Mailing Address 8177 LAKE SERENE DRIVE ORLANDO, FL 32836
--	--

2. Principal Place of Business 3401 Shallot Dr Suite, Apt. #, etc. Ste 102 City & State Orlando FL Zip 32835	3. Mailing Address 3401 Shallot Dr Suite, Apt. #, etc. Ste 102 City & State Orlando FL Zip 32835
---	---

REINSTATEMENT CR2E098 (6/04) 04-05

4. FEI Number 81-0626493	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GEE, LAREECE E 8177 LAKE SERENE DR ORLANDO, FL 32836	
7. Name and Address of New Registered Agent Name Lareece E. Gee Street Address (P.O. Box Number is Not Acceptable) 3401 Shallot Dr Ste 102 City Orlando FL Zip Code 32835	

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 Lareece E. Gee DATE 2/7/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P GEE, LAREECE E 8177 LAKE SERENE DR. ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GEE, THAISA E 8177 LAKE SERENE DR. ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100046708071 02/16/05--01050--004 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GEE, GEORGE E JR. 8177 LAKE SERENE DR. ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lareece E. Gee DATE 2/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR