FILED Aug 23, 2004 8:00 am Secretary of State 08-12-2004 90006 024 ***150.00

1. Entity Nam	RE ENTERPRISES, INC.				00 12 2 0	0.130000.02.1	150.00	
Principal Place of Business 7102 NORTH 40TH ST. TAMPA, FL. 33604		Mailing Address 7102 NORTH 40TH ST. TAMPA, FL 33604		66	66432421			
2. Principal P	ace of Business	3. Maling Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08102004	Chg-P	CR2E034 (10/03))	
City & State		City & State		4. FEI Numb	0797		Applied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Ac		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New F	Registered Agent		
CARDENAS, RALPH 220 EAST MADISON ST., STE. 825			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, F	33602					- · · ·		
de	tops (A)	<u> </u>	City			FL Zip Co	de	
SIGNATURE.	Sonare, special proper mane of registered age. LE NOWITI FEE IS \$150.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be	In accordance	8 /9 / L DATE / With s. 607, 193(2)(b)	, F.S., the	
10.	ue by September 8, 2004 OFFICERS AND		11.	Added to Fees		not receive the prior		
TITLE NAME STREET ADDRESS CITY-ST-ZP	D LASSERRE, JUAN 7102 NORTH 40TH ST. TAMPA, FL. 33604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Applification	, , , , , , , , , , , , , , , , , , ,	Change		
NAME STREET ADDRESS CITY-ST-ZP	D LASSERRE, RAFAELA 7102 NORTH 40TH ST. TAMPA, FL 33604	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
HAME STREET ADDRESS CITY-ST-ZIP		Delete -	NAME STREET ADDRESS CITY-ST-ZIP		-: -: -: -	Change	Addition	
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TITLE HAME STREET ADDRESS CITY-ST-ZIP		□ Defeta	NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP) - -	☐ Detector	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
changed	certify that the information supplied with on this report or supplemental report proretion or the feceiver or fustee em, or on an attachment with an address	th this filing does not qualify for ti is true and accurate and that my powered to execute this report as with all other fike empowered.	ne exemption stated i signature shall have a required by Chapter	n Section 119.07(3 the same legal effe 607, Florida Stetut	(i), Florida Statutes. ct as if made under es; and that my nan	. I further certify that the ceth; that I em en officine appears in Block 10	information er or director or Block 11 if	
SIGNAT		PRINTED NAME OF BIGHING OFFICER OF	DRECTOR		Jan / C	Dayline Phone 9	,	

TAXMART, INC. 66432491

ACCOUNTING AND TAX SERVICE

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FL 32314

To Whom it May Concern;

Re: Lasserre Enterprises, Inc. EIN-01-0797533 P03000091410

This office has been recently retained by the above captioned corporation, to handle their business affairs, as well as their accounting. They have brought to my office a notice of reinstatement from your department, because they did not understand the reason for it. I explainmed to them that they needed to pay the amount of \$ 150.00 by April 1st, along with a card. They told me they never saw a card or any other document to that effect, where they had to pay \$ 150.00. I offered to write a letter to your department, on their behalf, explaining their predicament, and that I would download the form they needed from the Internet.

Obviously, these folks had no idea what to do. Could you help them, and allow them to send the \$ 150.00 this once. I would do this for them next year, to avoid this to occur.

Yours Gratefully,

RALPH CARDENAS President