

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000104254

1. Entity Name
LAGUN ENTERTAINMENT CORP.



FILED

07 FEB -9 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0607



Principal Place of Business
6790 NW 186TH STREET
#318
HIALEAH, FL 33015

Mailing Address
6790 NW 186TH STREET
#318
HIALEAH, FL 33015

2. Principal Place of Business - No P.O. Box #
6742 NW 115th PL

3. Mailing Address
6742 NW 115th PL

Suite, Apt. #, etc.
Unit 323

Suite, Apt. #, etc.
Unit 323

City & State
Doral, FL

City & State
Doral, FL

Zip
33178

Country
U.S.

Zip
33178

Country
U.S.

02082007 REIN-P CR2E098 (1/07)

4. FEI Number
14-1896217

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SELMO, FEDERICO
6790 NW 186TH STREET
#318
HIALEAH, FL 33015

7. Name and Address of New Registered Agent

Name
Eduardo E. Maldonado

Street Address (P.O. Box Number is Not Acceptable)
6742 NW 115th PL

Unit 323

City
Doral

FL Zip Code
33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-08-07

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

TITLE P
NAME SELMO, FEDERICO ☒ Delete
STREET ADDRESS 6790 NW 186TH STREET #318
CITY-ST-ZIP HIALEAH, FL 33015

TITLE V
NAME ORFOIS, PAOLA ☒ Delete
STREET ADDRESS 943 NW 106 AVE CIRCLE
CITY-ST-ZIP MIAMI, FL 33172

TITLE D
NAME GALLEG0, ENRIQUE ☒ Delete
STREET ADDRESS 6790 NW 186TH STREET #318
CITY-ST-ZIP HIALEAH, FL 33015

TITLE T
NAME SELMO, HANY ☒ Delete
STREET ADDRESS 6790 NW 186 ST #318
CITY-ST-ZIP HIALEAH, FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Eduardo E. Maldonado
STREET ADDRESS 6742 NW 115th PL
CITY-ST-ZIP Unit 323 Doral, FL 33178

TITLE VP ☒ Change ☐ Addition
NAME Paola Dominguez
STREET ADDRESS 6742 NW 115th PL
CITY-ST-ZIP Unit 323 Doral, FL 33178

TITLE T ☒ Change ☐ Addition
NAME Gustavo A. Maldonado
STREET ADDRESS 6742 NW 115th PL
CITY-ST-ZIP Unit 323 Doral, FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-07

Date

Daytime Phone #