2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000115418

City-St-Zip: PALM CITY, FL 34990

Entity Name: LEAN BREAKTHRU, INC.

FILED Dec 04, 2008 Secretary of State

Littly Nai	IIIE. LEAN DRE	ARTIKO, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
901 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990			132 MAGNOLIA WAY JUPITER, FL 33469	,
Current Mailing Address:			New Mailing Addres	s:
901 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990			132 MAGNOLIA WAY JUPITER, FL 33469	
FEI Number:	: 90-0198570	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	ARTIN DOWNS	BLVD. US		
	named entity su e of Florida.	bmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATUR	RE: STEVEN J	CLARK		
	Electronic	Signature of Registered Age	ent	Date
	,	2)(b), F.S., the corporation did no Frust Fund Contribution ().	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () E POERIO, WAYNE 132 MAGNOLIA V JUPITER, FL 334	VAY	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () E TORRES, GRACE 132 MAGNOLIA V JUPITER, FL 334	VAY	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () C CLARK, STEVEN 901 SW MARTIN PALM CITY, FL	DOWNS BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	D () E STUMPF, RICK	DOWNS BLVD	Title: Name: Address:	() Change () Addition

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 on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WAYNE POERIO P 12/04/2008