

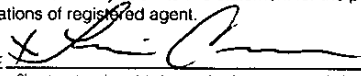
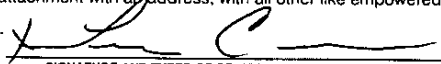


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000011581 1. Entity Name LINO CORREA, INC.				FILED 06 JAN 24 PM 12:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1186 SANDESTIN WAY ORLANDO, FL 32824		Mailing Address 1186 SANDESTIN WAY ORLANDO, FL 32824		01182006 REIN-P CR2E098 (11/05)	
2. Principal Place of Business 14686 HUNTCLEIFF PKWY Suite, Apt. #, etc.		3. Mailing Address 14686 HUNTCLEIFF PKWY Suite, Apt. #, etc.			
City & State ORLANDO, FL. Zip 32824 Country		City & State ORLANDO FL. Zip 32824 Country			
4. FEI Number 20-0609864		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 CORREA, LINO 1186 SANDESTIN WAY ORLANDO, FL 32824		7. Name and Address of New Registered Agent Name LINO CORREA Street Address (P.O. Box Number is Not Acceptable) 14686 HUNTCLEIFF PKWY City ORLANDO FL Zip Code 32824			
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  (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
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	DPTS CORREZ, LINO 1186 SANDESTIN WAY ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS LINO CORREA 14686 HUNTCLEIFF PKWY ORLANDO, FL 32824 <input checked="" 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		
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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 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 Date Daytime Phone #					

January 18, 2006

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear: Sirs

Enclosed you'll find a check issued to you in the amount of \$300.00. You'll also find a copy of the completed 2004 & 2005 Uniform Business report for our company. We are sending you this payment and at the same time voice our apology to you for not having it paid sooner. We started our business this past year and incorporated on January 14, 2004. It came as quite a shock and surprise to us that we had to pay \$150.00 for the renewal of our company since we never received any letter or information from you. Please note our new address and other information you require. Please accept the enclosed and adjust the records accordingly. Should you have any question, you may give me a call at 407-931-0002. Thank you.



Sincerely,

Lino Correa
President
Lino Correa, Inc.
14686 Huntcliff Pkwy
Orlando, Fl 32824.
Doc# P04000011581