

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000015026	
1. Entity Name LCM GROUP, INC.	



FILED

07 MAY -1 PM 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT



04112007 REIN-P CR2E098 (1/07)

Principal Place of Business 1281 NIGHTINGALE AVE MIAMI SPRINGS, FL 33166 US	Mailing Address 711 EAST OKEECHOBEE ROAD HIALEAH, FL 33010 US
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2. Principal Place of Business - No P.O. Box # 711 E. OKEECHOBEE RD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HIALEAH, FL	City & State
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Zip 33010	Country USA	Zip	Country
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4. FEI Number 20-0671605	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name PLACIDO A. LOPEZ Street Address (P.O. Box Number is Not Acceptable) 711 E. OKEECHOBEE RD. City HIALEAH FL Zip Code 33010	
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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 <i>Placido Lopez</i> Signature, typed or printed name of registered agent and title if applicable.	Placido Lopez 4/23/07 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, PLACIDO A 1281 NIGHTINGALE AVENUE MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700103190217 05/24/07--01015--005 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, DAVID P 1281 NIGHTINGALE AVENUE MIAMI SPRINGS, FL 33166 <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: <i>Placido Lopez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Placido Lopez 4/23/07 305 888-9090 Date Daytime Phone #