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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
07 JUN 26 AM 8:10  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 04000020110**

1. Corporation Name

**LAKOMKA, Inc.**

2. Principal Office Address - No P.O. Box #

**101 NE 3rd Street**

Suite, Apt. #, etc.

3. Mailing Office Address

**101 NE 3rd Street**

Suite, Apt. #, etc.

City & State

**Hallandale, FL**

Zip

**33009**

Country

City & State

**Hallandale, FL**

Zip

**33009**

Country

**REINSTATEMENT 05-07**  
CR2E08T (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

**02-02-04**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Alex SORSHER**

Street Address (P.O. Box Number is Not Acceptable)

**2500-1 N. State Rd 7**

Suite, Apt. #, Etc.

City

**Hollywood**

State

**FL**

Zip Code

**33021**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

**[Signature]**  
REGISTERED AGENT MUST SIGN

Date **6/20/07**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Kocheneva, Svetlana	250 Layne Blvd # 113	Hallandale, FL 33009

000105411830  
07/03/07--01050--020 \*\*450.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-20-07**

Date

**786-271-1804**

Daytime Phone #

**26/27**

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To: Department of State / Division of Corporations  
From: Lakomka, Inc. / Document# P04000020110

June 21, 2007

Dear Sir or Madame,

Enclosed, please find our corporation reinstatement application and check for \$450.00

We ask you to waive reinstatement fee because we never received the annual report notices in 2005.

Regards,  
Svetlana Kocheneva  
President

A handwritten signature in black ink, appearing to read 'Svetlana', with a long, sweeping horizontal stroke extending to the right.