

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000020861 1. Entity Name LAN COMPUTER TECHNOLOGY AND SERVICE CORP					
Principal Place of Business 1006 BELMONT LANE NORTH LAUDERDALE, FL 33068			Mailing Address 1006 BELMONT LANE NORTH LAUDERDALE, FL 33068		
2. Principal Place of Business 8050 Clearj Blvd Suite, Apt. #, etc. 506			3. Mailing Address Suite, Apt. #, etc.		
City & State Plantation, FL			City & State		
Zip 33324		Country		Zip Country	
6. Name and Address of Current Registered Agent HERNANDEZ, FABIO 1006 BELMONT LANE NORTH LAUDERDALE, FL 33068				7. Name and Address of New Registered Agent Name HERNANDEZ FABIO Street Address (P.O. Box Number is Not Acceptable) 8050 Clearj Blvd ULLA 506 City Plantation FL Zip Code 33324	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE 11-08-2005	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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	P HERNANDEZ, FABIO 1006 BELMONT LANE NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900061303729 11/09/05--01063--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, WILMA J 1006 BELMONT LANE NORTH LAUDERDALE, FL 33028	<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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 11-08-2005 <small>Daytime Phone #</small>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11082005 REIN-P CR2E098 (6/04)

4. FEI Number **651076694** ☒ Applied For ☐ Not Applicable

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