

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000072302

FILED
Nov 17, 2009
Secretary of State

Entity Name: LAKAY WHEALTH BUILDERS, INC.

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 604
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 604
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 27-0095394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BITTINGER, ANN ESQ.
13500 SUTTON PARK DRIVE SOUTH, STE 201
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ANN BITTINGER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ANDRE, WILLE E
Address: 6817 SOUTHPOINT PARKWAY #604
City-St-Zip: JACKSONVILLE, FL 32216

Title: VS (X) Delete
Name: ANDRE, LATRESE
Address: 6817 SOUTHPOINT PARKWAY #604
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAKAY GROUP, INC.
Address: 6817 SOUTHPOINT PARKWAY #604
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WILLE ANDRE

Electronic Signature of Signing Officer or Director

D

11/17/2009

Date