



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000076175</b> 1. Entity Name <b>L &amp; S BILLING CORP.</b>						SEC. 607.193(2)(b), F.S. DIVISION OF CORPORATIONS <b>06 OCT 10 PM 4:09</b>	
Principal Place of Business <b>1100 W 29TH STREET SUITE K HIALEAH, FL 33012</b>				Mailing Address <b>1100 W 29TH STREET SUITE K HIALEAH, FL 33012</b>			
2. Principal Place of Business <b>1100 W 29th St.</b>				3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. <b>SUITE K.</b>				Suite, Apt. #, etc.			
City & State <b>Hialeah, FL</b>				City & State			
Zip <b>33012</b>		Country <b>U.S.A</b>		Zip		Country	
6. Name and Address of Current Registered Agent  <b>PEREZ, ILEANA 2426 SW 172 AVE. MIAMI, FL 33185</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD PEREZ, ILEANA 2426 SW 172 AVE. MIAMI, FL 33185</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Perez, Ileana 1100 W 29th St S.K Hialeah, FL 33012</b> <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		
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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.							
<b>SIGNATURE:</b> 				<b>10-6-2006. 305-883-7796</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			