2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000127282 1. Entity Name				FILED
LYDIA GARCIA, PA				06 JUN 27 AM 8: 22
Principal Plac 3806 SHADO GOTHA, FL 3	OWIND WAY	Mailing Address 3806 SHADOWIND WAY GOTHA, FL 34734	[177	SEURCIANT OF STATE TALLAHASSEE, FLORIDA
1424 LONGTEADOU WAY		3. Mailing Address 1424 LONG Suite, Apt. #, etc.	MEADOW L	
Suite, Apt.	Suite, Apt. #, etc.			06052006 REIN-P CR2E098 (11/05)
WINDERMERE FL (City & State WINDERTIES	SE FL	4. FEI Number Applied For Not Applicable
34786 Country		34786	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Name A	7. Name and Address of New Registered Agent
GARCIA, LYDIA				ess (P.O. Box Number is Not Acceptable)
GOTHA, FE 34734			1424	LONGMED HOW WAY
Sinder MORE FL Zip 50%786				
8. The above harned 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 6/5/06				
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signature	required when reinstating) DATE
FII	LE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	GARCIA, LYDIA	☐ Delete		(Exchange Christian)
STREET ADORESS CITY-ST-ZIP	3806 SHADOWIND WAY GOTHA, FL 34734		STREET ADDRESS CITY-ST-ZIP	GARCIA LYDIA 1424 LONGTHEADOW WAY WINDERHERE FL 34786
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS	;		NAME STREET ADDRESS	
CITY-ST-ZIP		□ Delete	CITY-ST-ZIP	Change
NAME		Detele	NAME	TENTEN CHARGE ACCURATE
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-S	ISTATEMENT
TITLE NAME		☐ Delete	TITLE NAME	↑ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	/\X/\\\
CITY-\$T-ZIP		☐ Defete	CITY-ST-ZIP	Charge 2 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	(A) C(C)
			CITY-ST-ZIP	
CITY-ST-ZIP			\$171 \$7 EH	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	500077385165 Addition 07/12/0601017011 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-SI-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	I on this replant or supplemental report is t rporation or the receiver or trustee empor	his filing does not qualify for true and accurate and that m	TITLE NAME STREET ADDRESS CITY-S1-ZIP The exemptions cont ty signature shall have as required by Chapte	ained in Chapter 119, Florida Statutes. further certify that the information at the same legal effect as if made under oath; that I am an officer or director or 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	I on this replat or supplemental report is t	his filing does not qualify for true and accurate and that m	TITLE NAME STREET ADDRESS CITY-S1-ZIP The exemptions cont ty signature shall have as required by Chapte	ained in Chapter 119, Florida Statutes. I further certify that the information a the same legal effect as if made under oath; that I am an officer or director
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the color the color than the color th	I on this report or supplemental report is tropration or the receiver or trustee emport, or on an attackment with an address, w	his filing does not qualify for true and accurate and that m	TITLE NAME STREET ADDRESS CITY-SI-ZIP The exemptions control y signature shall have as required by Chapte	ained in Chapter 119, Florida Statutes. I further certify that the information a the same legal effect as if made under oath; that I am an officer or director