


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000137196		
1. Entity Name LAJAC, INC.		

Principal Place of Business 13614 AVISTA DRIVE TAMPA, FL 33624	Mailing Address 13614 AVISTA DRIVE TAMPA, FL 33624
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2. Principal Place of Business 3420 W. KENNEDY BLVD. Suite, Apt. #, etc.	3. Mailing Address 3420 W. KENNEDY BLVD. Suite, Apt. #, etc.
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City & State TAMPA, FL.	City & State TAMPA, FL.
Zip 33609	Country HILLSBOROUGH 33609

FILED
05 NOV -8 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11042005 REIN-P CR2E098 (6/04)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRISON, CHARLES R 1413 TROVILLION AVENUE WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name ROY I. MORLEN Street Address (P.O. Box Number is Not Acceptable) 3420 W. KENNEDY BLVD. City TAMPA, FL Zip Code 33609
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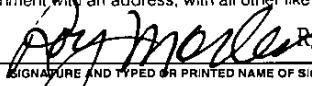
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  ROY I. MORLEN 11/4/05
(NOTE: Registered Agent signature required when reinstating) DATE

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORLEN, ROY I 13614 AVISTA DRIVE TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIRECTOR ROY I. MORLEN 3420 W. KENNEDY BLVD. TAMPA, FL. 33609 <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	100061262041 11/08/05--01051--005 **150.00 <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
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:  ROY I. MORLEN - PRES. 11/4/05 813-876-4247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #