

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000022444

1. Entity Name
LCR INVESTMENTS, INC.



Principal Place of Business
520 BRICKELL KEY DR SUITE 0-305
MIAMI, FL 33131

Mailing Address
520 BRICKELL KEY DR SUITE 0-305
MIAMI, FL 33131

FILED
07 JUN 18 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302007

REIN-P

CR2E098 (1/07)

06-07

4. FEI Number

20-8809375

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION LLC
520 BRICKELL KEY DR SUITE 0-305
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

Nicholas Stanham

06/12/07

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

700105409647
07/03/07--01052--005 **900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME REID, LYNDIA
STREET ADDRESS 520 BRICKELL KEY DR SUITE 0-305
CITY-ST-ZIP MIAMI, FL 33131

TITLE AS ☐ Change ☒ Addition
NAME STANHAM, Nicholas
STREET ADDRESS 520 BRICKELL KEY DR. #0-305
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

Nicholas Stanham 4/23/07

305 3743800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #