2008 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATE!/ENT									
DOCUMENT # P05000076571 ~ 1. Entity Name LOBAL CORP.								FILED T 22 PM 3:	35
Principal Place of Business Mailing Address					, , , , ,	NIV	SECRET	TANT - JIAT	i.
749 SW 2ND			749 SW 2ND STREET	749 SW 2ND STREET			TALLAL	ASSEE, FL O RIL	7.V
BOCA RATON, FL 33486 US BOCA RATON, FL 3348					!S	<i>I</i> VO	IALLAII	Assuu, ruumi	JA
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Principal Place of Business - No P.O. Box # Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10162008	2 Hard Fill	Î C 2€088 (1/07)	80
City & State			City & State			4. FEI Numbe 04-381			pplied For ot Applicable
Zip	Zip Country		Zip Coun		ntry	5. Certificate	of Status Desired	□ \$8.75 Ad Fee Require	ditional
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Current I	Registered Agent		1	7. Name and	Address of New Re		~
Name Name									
BIEDERMAN, SCOTT 2000 NW 16TH STREET POMPANO BEACH, FL 33062					Street Address (P.O. Box Number is Not Acceptable)				
					City			FL Zip Coo	ie
8. The above	named entity	v submits this statement for	the purpose of changing its	renister	ed affice or register	red agent, or bo	th in the State of Flor	1	and accept
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 SIGNATURE OF POINTED PARTY OF THE PROJECT OF T									
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
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	ertify that the	a information number with	this filling does not			Lin Chanta 110	Double Ctat : : :	and a second second	
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.									
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