


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN -2 09:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000131027		
1. Entity Name LAGUNA PLAZA INC		

Principal Place of Business 203 LAGO VISTA DR ORLANDO, FL 34787	Mailing Address 203 LAGO VISTA DR ORLANDO, FL 34787
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2. Principal Place of Business 5775 LEON TYSON RD. Suite, Apt. #, etc. P.O.T.	3. Mailing Address 5775 LEON TYSON RD. Suite, Apt. #, etc. P.O.T.
City & State ST. CLOUD FL.	City & State ST. CLOUD FL.
Zip 34771	Country U.S.A.



12282006 REIN R GR2E038 (11/05)	REINSTATEMENT
4. Renewal Fee 20-3006795	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BYJOO, LALBAHADUR 203 LAGO VISTA DR ORLANDO, FL 34787	
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7. Name and Address of New Registered Agent	
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 LALBAHADUR BYJOO (NOTE: Registered Agent signature required when reinstating) DATE 12/29/06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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	PD BYJOO, LALBAHADUR 203 LAGO VISTA DR ORLANDO, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800082862158 12/29/06--01033--020 <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
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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.

SIGNATURE: <u>LALBAHADUR BYJOO</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	PRESIDENT	12/29/06	407-552-0156 BUS. 718-930-5426 CELL 407-891-7927 HOME
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