2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000031773

5471 RISHLEY RUN WAY

MT. DORA, FL 32757

Address: City-St-Zip:

Entity Name: ALL LANDS INVESTMENT GROUP INC

FILED Nov 03, 2008 Secretary of State

Entity Name: ALL LANDS INVESTMENT GROUP INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4250 ALAFAYA TRAIL #212/348 OVIEDO, FL 32765			4250 ALAFAYA TRAIL OVIEDO, FL 32765	4250 ALAFAYA TRAIL #212348 OVIEDO, FL 32765	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4250 ALAFAYA TRAIL #212/348 OVIEDO, FL 32765			4250 ALAFAYA TRAIL #212348 OVIEDO, FL 32765		
FEI Number:	71-0998938	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DEMESMIN, JEAN R 4908 NATIVE DANCER LANE ORLANDO, FL 32826 US					
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.					
SIGNATUR	RE: WALNEF	R GACHETTE			
	Electro	nic Signature of Registered Ager	nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: Name: Address: City-St-Zip:	P (DEMESMIN, JE 4908 NATIVE I ORLANDO, FL	ANCER LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (GACHETTE, W 14827 FABERO ORLANDO, FL	GE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T (X REID, TASHA) Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WALNER GACHETTE V 11/03/2008