## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000054843

Name: Address:

City-St-Zip:

1650 SE MARGRAVE ST.

ARCADIA, FL 33821

Entity Name: LISA CONVENIENCE INC.

FILED Oct 30, 2008 Secretary of State

		TWEINERVEE, IIVE.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
19541 SR: FT MYER:	31 S, FL 33917	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
19541 SR FT MYERS	31 S, FL 33917	US			
FEI Number	: 20-4708727	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:	
17970 MU APT 103	DHAMMAD M RDOCK CIR RLOTTE, FL 3	3948 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE: MOHAM	MAD M AZAD			
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	AZAD, MOHAN 17970 MURDO	) Delete //MAD DCK CIR APT 103 TE, FL 33948 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HAQUE, MOHA 6211 42ND ST		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SAPAN, HUMA 1248 SLASH	) Delete NUN KABIR PINE CIR #124 A, FL 33950 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD ( RAHAMAN, MI	) Delete D. MOSHIUR	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: MOHAMMAD M AZAD D,P 10/30/2008