


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000101496		
1. Entity Name PLACENTIA MANAGEMENT INC		

Principal Place of Business 14551 SW 17 CT DAVIE, FL 33325 US	Mailing Address 14551 SW 17 CT DAVIE, FL 33325 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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GONZALEZ, LAURA 14551 SW 17 CT DAVIE, FL 33325		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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, LAURA 14551 SW 17 CT DAVIE, FL 33325	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10015658791 1 05/29/09--01018--018 ***300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Laura Glez.</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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FILED
09 MAY 29 PM 4:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA



6/30