


## 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000151850</b> 1. Entity Name <b>VICENTE CARLOS LAGO, P.A.</b>	
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FILED

08 MAY -6 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>5440 SW 59 AVE. MIAMI, FL 33155</b>	Mailing Address <b>5440 SW 59 AVE. MIAMI, FL 33155</b>
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2. Principal Place of Business - No P.O. Box # <b>100 EDGEWATER DR.</b>	3. Mailing Address <b>100 EDGEWATER DR.</b>	Suite, Apt. #, etc. <b># 114</b>
City & State <b>CORAL GABLES, FL.</b>	City & State <b>CORAL GABLES, FL.</b>	Zip <b>33133</b>
Country <b>U.S.</b>	Country <b>U.S.</b>	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable



5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent <b>LAGO, VICENTE 5440 SW 59 AVE. MIAMI, FL 33155</b>
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>100 EDGEWATER DR. # 114</b> City <b>CORAL GABLES</b>	State <b>FL</b> Zip Code <b>33133</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 04/29/08

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGO, VICENTE	NAME	
STREET ADDRESS	5440 SW 59 AVE.	STREET ADDRESS	<b>100 EDGEWATER DR. UNIT 114</b>
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	<b>CORAL GABLES, FL 33133</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	<b>200128566452</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>05/06/08--01007--016 **300.00</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* DATE: 04/29/08 DAYTIME PHONE #: 305-303-0115