

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000027136

Entity Name: L.P. BUSINESS SOLUTIONS, INC

**FILED**  
**May 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5580 NW 107 AVE  
1204  
DORAL, FL 33178 FL

**New Principal Place of Business:**

**Current Mailing Address:**

5580 NW 107 AVE  
1204  
DORAL, FL 33178 FL

**New Mailing Address:**

FEI Number: 20-8550088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LORENA PIEDRA, ADA  
5580 NW 107 AVE  
1204  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

LORENA NIECKOLSON, ADA  
5580 NW 107 AVE  
1204  
DORAL, FL 33178 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.

SIGNATURE: ADA LORENA NIECKOLSON

05/14/2010

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LORENA NIECKOLSON, ADA  
Address: 5580 NW 107 AVE 1204  
City-St-Zip: DORAL, FL 33178 US

I hereby 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 all other like empowered.

SIGNATURE: ADA LORENA NIECKOLSON

P

05/14/2010

Electronic Signature of Signing Officer or Director

Date