


2008 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P07000105329 | |  |
| 1. Entity Name LA ROKA COMPANY INC | | |

FILED

08 OCT 20 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 244 LEE AVENUE NE LIVE OAK, FL 32064 US | Mailing Address PO BOX 731 LIVE OAK, FL 32064 US |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| City & State | City & State | 4. FEI Number | Applied For Not Applicable |
| Zip | Country | Zip | Country |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent RODRIGUEZ, OLGA 224 LEE AVENUE NE LIVE OAK, FL 32064 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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| 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: <i>(Signature)</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE: 10-20-08 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$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 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RODRIGUEZ, CARLOS A 224 LEE AVENUE NE LIVE OAK, FL 32064 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RODRIGUEZ, OLGA M 224 LEE AVENUE NE LIVE OAK, FL 32064 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100137353361 10/28/08--01012--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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>(Signature)</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE: 10-20-08 <small>Daytime Phone #</small> |