


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000117703	
1. Entity Name LORD & DAN ETERNAL ENTERPRISE, INC.	

Principal Place of Business 13750 W. COLONIAL DRIVE STE 360 WINTER GARDEN, FL 34787	Mailing Address 13750 W. COLONIAL DRIVE STE 360 WINTER GARDEN, FL 34787
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2. Principal Place of Business - No P.O. Box # 2747 S. Maguire Rd	3. Mailing Address 2747 S. Maguire Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocoee, FL	City & State Ocoee, FL
Zip 34761	Zip 34761
Country USA	Country USA

FILED
2008 NOV 24 AM 11:33
FLORIDA SECRETARY OF STATE
NOV 24
REINSTATEMENT 08

6. Name and Address of Current Registered Agent POKIMA, DAN O 13750 W. COLONIAL DRIVE STE 360 WINTER GARDEN, FL 34787	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2747 S. Maguire Road City Ocoee FL Zip Code 34761
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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>Dan Pokima</i> Signature, typed or printed name of registered agent and fee, if applicable.	DATE 21st Nov, 2008 (NOTE: Registered Agent signature required when reinstating)
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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 POKIMA, DAN O 13750 W. COLONIAL DRIVE, STE 360 WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2747 S. Maguire Road Ocoee, FL 34761
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700138236807 11/24/08-01053-014 <input checked="" 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
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
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

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>Dan Pokima</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 21st Nov, 2008 Date	DAYTIME PHONE #
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