2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000059538

Entity Name: LINGENFELSER ENTERPRISES, INC.

FILED Oct 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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401 OCEAN DR., APT. 423 401 OCEAN DR. MIAMI BEACH, FL 33139 APT 421

MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

401 OCEAN DR., APT. 423 401 OCEAN DR. MIAMI BEACH, FL 33139 APT 421

MIAMI BEACH, FL 33139

FEI Number: 26-2867796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LOOMAR, L. GREGORY ESQ.

1152 N. UNIVERSITY DR., STE. 201

PEMBROKE PINES, FL 33328 US

LINGENFELSER, ROBERT G
600 OCEAN DRIVE
MIAMI, FL 33139 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: ROBERT G LINGENFELSER 10/29/2009

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:D () DeleteTitle:D (X) Change () AdditionName:LINGENFELSER, WILLIAM BName:LINGENFELSER, WILLIAM BAddress:401 OCEAN DR., APT. 423Address:401 OCEAN DR., APT. 421City-St-Zip:MIAMI BEACH, FL 33139City-St-Zip:MIAMI BEACH, FL 33139

Title: Title: (X) Change () Addition () Delete LINGENFELSER, ROBERT G JR. LINGENFELSER, ROBERT G JR. Name: Name: 401 OCEAN DR., APT. 423 401 OCEAN DR., APT. 421 Address: Address: MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip:

 Title:
 () Delete
 Title:
 D () Change (X) Addition

 Name:
 Name:
 LINGENFELSER, CHRISTOPHER M

 Address:
 Address:
 401 OCEAN DRIVE; APT 421

 City-St-Zip:
 City-St-Zip:
 MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT G LINGENFELSER JR S 10/29/2009