PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 NOV 10 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000062892

1. Corporation Name

LAKi MotORS inc

300187649413
11/12/10--01002--017 **400.00

REINSTATEMENT 09-10

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
	P.O. Box 28442
Suite, Apt. #, etc.: 7120 patronis Dr, Apt 1903	Suite, Apt. #, etc.
City & State: PANAMA City Bch, FL.	City & State: PANAMA City Bch, FL
Zip: 32408 Country: USA	Zip: 32411 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/30/08

5. FEI Number: ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name: SURKhAY SUNGUROV

Street Address (P.O. Box Number is Not Acceptable): 7120 Patronis Dr.

Suite, Apt. #, Etc: Apt1903

City: PANAMA City Bch | State: FL | Zip Code: 32408

300187649413
11/12/10--01002--018 **500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: C. [signature] — Date: 11/10/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	SURKhAY SUNGUROV	7120 patronis Dr Apt1903	PANAMA City Bch FL, 32408
V.P.	Yuriy KotenKov	SAME	SAME

10. **E-mail Address:** SUNGUROVS@yahoo.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE: C. [signature] — 11/10/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #