

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000011599

**Entity Name:** LMF REPRESENTACIONES, INC.

**FILED**  
**Oct 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1400 SALZEDO ST  
401  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1400 SALZEDO ST  
401  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 27-1993706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VENEGAS, NORAH  
1400 SALZEDO ST  
401  
CORAL GABLES, FL 33134 US

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

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:** NORAH VENEGAS, MS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** SAN BLAS, MARTY R  
**Address:** 1400 SALZEDO ST - 401  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** DVP  
**Name:** CEDENO, LEANDRO J  
**Address:** 1400 SALZEDO ST - 401  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** DST  
**Name:** VENEGAS, NORAH  
**Address:** 1400 SALZEDO ST - 401  
**City-St-Zip:** CORAL GABLES, FL 33134 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:** NORAH VENEGAS, MS

DST

10/30/2011

Electronic Signature of Signing Officer or Director

Date