

2016 FOR PROFIT CORPORATION REINSTATEMENT

FILING CANCELLED
RETURNED CHECK

16 NOV -4 AM 6:22

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P12000095773

1. Entity Name
LYONSGATE ACQUISITIONS CORPORATION



Principal Place of Business

4234 SW 152ND AVE
SUITE 122
MIAMI, FL 33185

Mailing Address

4234 SW 152ND AVE
SUITE 122
MIAMI, FL 33185

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11042016

REIN-P

CR2E098 (12/11)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, MICHELLET
4234 SW 152ND AVE
SUITE # 122
MIAMI, FL 33185

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2017, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
RODRIGUEZ, MICHELLET
4234 SW 152ND AVE #122
MIAMI, FL 33185 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4234 SW 152nd Ave ☒ Change ☐ Addition
Miami, FL 33185 #144

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400292002804
11/04/16--01004--009 **837.50

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S. HAWKES ☐ Change ☐ Addition
NOV - 4 A.M.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EXAMINER ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS