2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000063181

City-St-Zip:

MONTREAL, PQ CA

FILED Jun 08, 2009 Secretary of State

Entity Name: LESWILL INVESTMENT CORP.					
Current Pr	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
17098 COLLINS AVE SUNNY ISLES BEACH, FL 33160				20764 WEST DIXIE HIGHWAY AVENTURA, FL 33180	
Current Ma	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
17098 COLLINS AVE SUNNY ISLES BEACH, FL 33160				20764 WEST DIXIE HIGHWAY AVENTURA, FL 33180	
FEI Number:	65-0444407	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
WILDSTEIN, HINDA 17098 COLLINS AVE SUNNY ISLES BEACH, FL 33160 US				AIN, CLIFFORD B 20764 WEST DIXIE HIGHWAY AVENTURA, FL 33180 US	
The above in the State		submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: CLIFFOR	RD B. AIN		06/08/2009	
	Electror	nic Signature of Registered Ac	gent	Date	
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LESNIAK, IRW	EBONNE, SUITE 101	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	LESNIAK, STAI 10893 KING BA		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	NEMTEAN, DA) Delete VID D IEBONNE, SUITE 101	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: IRWIN LESNIAK PD 06/08/2009