

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000070419

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** LAIACONA ENTERPRISES, INC.

**Current Principal Place of Business:**

12050 NW 28 AVE  
MIAMI, FL 33167 US

**New Principal Place of Business:**

10800 NW 103RD STREET  
11  
MEDLEY, FL 33178 US

**Current Mailing Address:**

12050 NW 28 AVE  
MIAMI, FL 33167 US

**New Mailing Address:**

10800 NW 103RD STREET  
11  
MEDLEY, FL 33178 US

**FEI Number:** 65-0539109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAIACONA, RON SR  
12050 NW 28 AVE  
MIAMI, FL 33167 US

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

LAIACONA, RON SR  
10800 NW 103RD STREET  
11  
MEDLEY, FL 33178 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: RON LAIACONA, SR

02/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LAIACONA, SR, RON  
Address: 10800 NW 103RD STREET, #11  
City-St-Zip: MEDLEY, FL 33178

Title: SD  
Name: LAIACONA, JOAN  
Address: 10800 NW 103RD STREET, #11  
City-St-Zip: MEDLEY, FL 33178

Title: VP  
Name: LAIACONA, JR., RON  
Address: 10800 NW 103RD STREET, #11  
City-St-Zip: MEDLEY, FL 33178

Title: SD  
Name: LAIACONA, MICHAEL  
Address: 10800 NW 103RD STREET, #11  
City-St-Zip: MEDLEY, FL 33178

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: RON LAIACONA, SR

PD

02/06/2012

Electronic Signature of Signing Officer or Director

Date