

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000089129

**Entity Name:** LOMIJA CORP.

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5115 SW 64TH AVE  
DAVIE, FL 33314

**New Principal Place of Business:**

1850 NORTH PINE ISLAND ROAD  
PLANTATION, FL 33322

**Current Mailing Address:**

THE LOIACONO'S  
9612 RIDGECREST CT.  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 65-0707993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HURCHALLA, JAMES J ESQUIRE  
141 NE AVE.  
10TH FLOOR  
MIAMI, FL 33132 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:** JAMES HURCHALLA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VSD  
**Name:** LOIACONO, JACQUELINE  
**Address:** 9612 RIDGECREST COURT  
**City-St-Zip:** DAVIE, FL 33328

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:** MICHAEL LOIACONO

PRES

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date