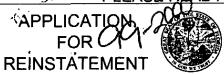
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#	P97000104967
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1. Corporation Name

LAVA ROCKS, INC.

FILED 00 FEB 15 AM 9: 46

SECRETARY OF STATE

·				[	AFFAHA22EE''	LUKIDA	
Principal Place of Business	Mailing Address				·		
3163 N.W. 93RD ST.  MIAMI FL 33147			-15 de 1				
Mark the second		£	h.da	REINS	STATEM	ENT CA!	1 <i>0</i> 00
If above addresses are incorrect in any way, line through incorrect information and enter correction  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable				Date Incorporated or Qualified     To Do Business in Florida     12/15/1997			
Suite, Apt. #, etc.	etc. Suite, Apt. #, etc.			5. FEI Number			plied For_
City & State	City & State		<u> </u>	65-	082268	i	t Applicable
Zip Country	Zip	Countr	у	6. CERTIFICATI	E OF STATUS DESIRED [	\$8.75 Additional for a Certificate	
7. Names and Street Addresses of Each Officer ar	d/a <u>r D</u> irector (Flo	<del>, </del>					
Title(s) 2 Name of Officers and/or Directors 3		Of	Street Address of Each Officer and/or Director		4 C	City / State / Zip	
PST LAVERAUX, MATTHEW 3163 N.			ST.		MIAMI FL 33147		
				اع	00003-1- -02/23/00 ****400	)011 <b>0</b> 7U	
				<u>~5</u> 1		001107(	
\ \			,		****400		0.00 ~_
				51	000031 -02/23/0 ****100	001107(	
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent				
LAVERAUX, MATTHEW 3163 N.W. 93RD ST. MIAMI FL 33147			Street Address (P.O. Box Number is Not Acceptable)  \$\frac{3}{5} \text{ H W } \text{ 9 3 CF}  Suite, Apt. # Ftc.				
			City MI			State Zip Code FL 33/	47
10. I, being appointed the registered agent of the a Signature of Registered Agent	Nove named corporate to the corporate to	REQU	ith and accept the o	bligations of Sect	ion 607.0505, F.S. Date 12/2	3/99	
11. I certify that I am an officer or director or the resent this reinstallement application, the reason for director or the resent application have been paid and the	ceiver or trustee er	npowered to execute	orate name satisfies	the requirements	s of section 607.0401 of	r 6 17.040 1, F.S., ma	t all lees

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.