

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 FEB 20 11 32

DOCUMENT # 97000104967

1. Corporation Name

LAVA ROCKS INC
~~W 1200000 3391~~

200218676252
01/21/12--01063--007--**1500.00

2. Principal Office Address - No P.O. Box #

3163 NW 93 ST

Suite, Apt. #, etc

I

3. Mailing Office Address

2975 NW 102 ST

Suite, Apt. #, etc.

(2)

REINSTATEMENT 06-12

CR2E081 (11/10)

City & State

Miami Florida

City & State

Miami

4. Date Incorporated or Qualified To Do Business in Florida

12/19/97

5. FEI Number

Applied For ...
 Not Applicable

Zip

33147

Country

FL

Zip

33147

Country

FL

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Laveraux Matthew 3163 N W 93 ST

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

33147

Suite, Apt. #, Etc

I

City

Miami

State

FL

Zip Code

33147

200218676252
02/20/12--01046--001--**158.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Matthew Laveraux

REGISTERED AGENT MUST SIGN

Date 1/23/12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------------------------|--|--|------------------------|
| | Laveraux Matthew President Owner And Directors | 3163 N W 93 ST | Miami Florida 33147 |
| REINSTATEMENT 06-12 | | | |

10. E-mail Address: LAVA ROKS @ Gmail.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Matthew Laveraux MATTHEW LAVERAUX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/12

Daytime Phone #

FEB 10