2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000027142

City-St-Zip:

LABELLE, FL 33935

FILED Mar 30, 2005 Secretary of State

Entity Nai	me: LAS GEMI	ELAS, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
1380 SIR LABELLE,			1380 STATE RD 29 S LABELLE, FL 33935	S.	
Current Mailing Address:			New Mailing Address	s:	
1380 SIR LABELLE,	S29 FL 33975		1380 STATE RD 29 S LABELLE, FL 33935	S.	
FEI Number:	: 65-0820255	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CASTRO, 131 ELM S LABELLE,	STREET	S			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: LETICIA C				
		c Signature of Registered Age		Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () CASTRO, JOSE 131 ELM STREE LABELLE, FL 3	ET .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CASTRO, LETIC 131 ELM STREE LABELLE, FL 3	ET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GAMEZ, RODOL 6724 VACASO S LABELLE, FL 3	īΤ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () GAMEZ, RODOL 6724 VACASO S		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LETICIA CASTRO Ρ 03/30/2005