2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000025677

Entity Name: LASASSO A/C CONSULTANTS, INC.

FILED Oct 05, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3044 TREASURE ISLAND 3014 WOODRING LANE

PORT SAINT LUCIE, FL 34952 US PORT SAINT LUCIE, FL 34952 US

Current Mailing Address: New Mailing Address:

3044 TREASURE ISLAND 3014 WOODRING LANE

PORT SAINT LUCIE, FL 34952 US PORT SAINT LUCIE, FL 34952 US

FEI Number: 65-0905947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LASASSO, FRANK J P

3044 TREASURE ISLAND RD

PORT ST LUCIE, FL 34952 US

LASASSO, LAURENTIA J P

3014 WOODRING LANE

PORT ST LUCIE, FL 34952 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: LAURENTIA LASASSO 10/05/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 LASASSO, FRANK J
 Name:
 LASASSO, LAURENTIA J

 Address:
 3044 TREASURE ISLAND ROAD
 Address:
 3014 WOODRING LANE

 City-St-Zip:
 PORT ST LUCIE, FL 34952
 City-St-Zip:
 PORT ST LUCIE, FL 34952

Name:LASASSO, LAURENTIA JName:LASASSO, FRANK JAddress:3044 TREASURE ISLAND RDAddress:3014 WOODRING LANECity-St-Zip:PORT SAINT LUCIE, FL 34952City-St-Zip:PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: LAURENTIA LASASSO P 10/05/2009