2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000035310

Entity Name: LCE ACCOUNTING SOLUTIONS, INC.

FILED Aug 16, 2008 Secretary of State

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

1511 NW 112TH WAY 2385 NW EXECUTIVE CENTER DRIVE PEMBROKE PINES, FL 33026

SUITE #100

BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

2385 NW EXECUTIVE CENTER DRIVE P.O. BOX 630341

MIAMI, FL 33163 SUITE #100

BOCA RATON, FL 33431

FEI Number: 65-0911405 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:

ETIENNE, LUDMILLA C GRANTS MANAGEMENT SERVICES 1511 NW 112TH WAY 2385 NW EXECUTIVE CENTER DRIVE

PEMBROKE PINES, FL 33026 US SUITE #100 BOCA RATON, FL 33431 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: MCJ 08/16/2008

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/M () Delete Title: (X) Change () Addition ETIENNE, LUDMILLA C JOHNSON, MARIE C Name: Name:

P.O. BOX 630341 P.O. BOX 630341 Address: Address: City-St-Zip: MIAMI, FL 33163 US City-St-Zip: MIAMI, FL 33163 US

Title: VP/D (X) Delete Title: () Change () Addition

Name: ETIENNE, WIDMARK P Name: P.O. BOX 630341 Address: Address: MIAMI, FL 33163 City-St-Zip: City-St-Zip:

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: MARIE C. JOHNSON P/T 08/16/2008