

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000137812
 1. Entity Name
LA CASA SIERRA MEAT MARKET CORP.



FILED
 06 FEB 27 AM 11:47
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

Principal Place of Business
**1704 N. HOWARD AVENUE
 TAMPA, FL 33607**

Mailing Address
**1704 N. HOWARD AVENUE
 TAMPA, FL 33607**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1193
 Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
34639-1193

Country

REINSTATEMENT
 02242006 REIN-P-0000 CR2E098 (1105-06)
 4. FEI Number
84-1659974
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SIERRA, ROGELIO
 1704 N. HOWARD AVENUE
 TAMPA, FL 33607**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIERRA, ROGELIO 1704 N. HOWARD AVENUE TAMPA, FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300067945383 03/16/06--01006--021 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rogelio Sierra* **ROGELIO SIERRA - President** 2/24/06 813-251-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #