


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
 05 DEC 12 AM 10:09  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000160182</b> 1. Entity Name <b>PROMOCIONES ALATORRE INC</b>		
Principal Place of Business <b>101 EAST NEW HAMPSHIRE AVENUE #8D DELAND, FL 32724</b>		Mailing Address <b>101 EAST NEW HAMPSHIRE AVENUE #8D DELAND, FL 32724</b>
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State  Zip Country		City & State  Zip Country
<b>6. Name and Address of Current Registered Agent</b>  <b>KIM, MI-SUK 101 EAST NEW HAMPSHIRE AVENUE #8D DELAND, FL 32724</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
4. FEI Number <span style="float: right;">Applied For Not Applicable</span>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <input type="checkbox"/> Delete <b>P</b> NAME <b>ALATORRE, MANUEL G</b> STREET ADDRESS <b>101 EAST NEW HAMPSHIRE AVE # 8D</b> CITY-ST-ZIP <b>DELAND, FL 32724</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 05</b> <b>T. Roberts DEC 14 2005</b>	
TITLE <input type="checkbox"/> Delete <b>VP</b> NAME <b>KIM, MI-SUK</b> STREET ADDRESS <b>101 EAST NEW HAMPSHIRE AVENUE #8D</b> CITY-ST-ZIP <b>DELAND, FL 32724</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300062097763</b> <b>12/12/05--01039--016 **150.00</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Manuel G Alatorre</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>12-09-05</u> Daytime Phone # _____