2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 557819

Entity Name: LA TERESITA, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3318 WEST WOODLAWN TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 3318 WEST WOODLAWN TAMPA, FL 33607 FEI Number: 59-1787573 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: CAPDEVILA, MAXIMINO 3318 WEST WOODLAWN TAMPA, FL 33607 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: MAXIMINO CAPDEVILA 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: () Delete () Change () Addition CAPDEVILA, MAXIMINO Name: Name: 3318 WEST WOODLAWN Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: Title: () Delete () Change () Addition CAPDEVILA, CORALIA Name: Name: 3318 WEST WOODLAWN Address: Address: TAMPA, FL 33607 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CAPDEVILA, LUIS Name: Name: 3318 WEST WOODLAWN Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: () Delete Title: () Change () Addition CAPDEVILA, MAXIMINO JR Name: Name: Address: 3318 WEST WOODLAWN Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: Title: () Delete () Change () Addition CAPDEVILA, ALBERT Name: Name: 3318 WEST WOODLAWN Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: () Delete Title: (X) Change () Addition CAPDEVILA, ZIELDA CAPDEVILA, ZIRELDA Name: Name: Address: 3318 WOODLAWN Address: 3318 WOODLAWN City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

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: MAXIMINO CAPDEVILA P 04/23/2009