


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000100685			
1. Corporation Name LA LEONESA CAFETERIA INC.			
2. Principal Office Address 1001 W FLAGLER ST		3. Mailing Office Address Same.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33138	Country USA	Zip	Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/22/02--01027--006
***900.00 ***900.00

REINSTATEMENT 01-02	
4. Date Incorporated or Qualified To Do Business in Florida 10/26/00	
5. FEI Number 65-1068895	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name REGINA SERNA. LS	
Street Address (P.O. Box Number is Not Acceptable) 6423 NW 199 LANE	
Suite, Apt. #, Etc.	
City HIALEAH	State FL Zip Code 33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Regina Serna
REGISTERED AGENT MUST SIGN

Date 1/4/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	REGINA SERNA	6423 NW 199 LANE	HIALEAH FL 33015

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Regina Serna REGINA SERNA 1/4/01 305 325-0057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)