2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000105036  1. Entity Name LA FONDA PAISA RESTAURANT, INC.	FILED 2007 NOV 14 AM II: 35		
Principal Place of Business Mailing Address 2420 SW 137TH AVENUE 2420 SW 137TH AVENUE MIAMI, FL 33175 MIAMI, FL 33175	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business - No P.O. Box # 3. Mailing Address 10461 SW 40 ST.     Suite, Apt. #, etc.     Suite, Apt. #, etc.			
M / CM / MIAMI City & State City & State	11122007 REIN-P CR2E098 (1/07)  4. FEI Number Applied For		
F/ω,  Zip Country Zip Co 33/86 U.S.A. 33/86 U	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
PAEZ, MERY 4110 SW 152ND PATH MIAMI, FL 33185	MARY, PARZ  I Address (P O/Box Number is Not Acceptable).  10461 SW 40 ST.		
	MIami FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent.  SIGNATURE  Signature/Inped or pright name of registered agent and tide if applicable. (NOTE: Registered agent and tide if applicable.)	e or registerèd agent, or both, in the State of Florida. I am familiar with, and accept		
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Change Addition Change 1 Addition SCIO11245858 11/20/0701028008 **150.00		
TITLE   SD	Change Addition		
CITY-ST-ZIP C	☐ Change ☐ Addition '		
TITLE Delete T NAME STREET ADDRESS CITY-ST-ZIP C	REINSTATEMEN Addition		
TITLE Delete T	☐ Change ☐ Addition .		
TITLE Delete T NAME STREET ADDRESS CITY-ST-ZIP CO	☐ Change ☐ Addition		
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.			
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## LAZARUS CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

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MIAMI, FL 33165 (305) 55	52-5973	
	Office Use Only	<del></del>
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):	
LA FONDA PAISI	A RESTAURANT, INC.	•
(Corporation Name)	(Document #)	<del></del>
2.		
(Corporation Name)	(Document #)	<del>,</del>
(Corporation Name)	(Document #)	<del></del>
(Corporation Name)	(Document #)	<del></del>
7	Certified Copy	
Mail out Will wait	Photocopy Certificate of S	tatus
NEW FILINGS	<u>AMENDMENTS</u>	
Profit	Amendment	
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	82 1910 1
Domestication	Dissolution/Withdrawal	
U Other	Merger <sup>*</sup>	日間間
OTHER FILINGS	REGISTRATION/QUALIFICATION	
☐ Annual Report	Foreign Figure 1	ORATIONS
Fictitious Name	Limited Partnership	) .
	Reinstatement Trademark	IJ Ø
	Other	
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Examiner's Initials

CR2E031(7/97)