


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000053197		
1. Entity Name LA CASITA CUBANA CORP.		

Principal Place of Business 3381 N.W. 7TH STREET MIAMI, FL	Mailing Address 3381 N.W. 7TH STREET MIAMI, FL
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2. Principal Place of Business - No P.O. Box # 14204 S.W. 276 Way Suite, Apt. #, etc.	3. Mailing Address 14204 S.W. 276 WAY Suite, Apt. #, etc.
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City & State Miami Florida	City & State Miami Florida
Zip 33032	Country U.S.A.

6. Name and Address of Current Registered Agent NUNEZ, ROLANDO 3111 S.W. 109TH AVE. MIAMI, FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14204 S.W. 276 Way City Miami FL Zip Code 33032	
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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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, ROLANDO 3111 S.W. 109TH AVE. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14204 s.w. 276 Way Miami Florida 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NUNEZ, MARISELA 3111 S.W. 109TH AVE. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14204 S.W. 276 Way Miami Florida 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5001 10947469 10/18/07--01021--015 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/2007 (786) 255-2700 Date Daytime Phone #

FILED

07 OCT 18 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052007 REIN-P GR2E098 (1/07)

REINSTATEMENT

4. FEI Number 65-1110559	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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OCT 18 2007