PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

T LEAGE READ ALE INSTRUCTIONS BEFORE OF							
CORPORATION REINSTATEMENT	Secretary of State			FILED 2008 MAY -2 PM 12: 42			
DOCUMENT # P01000053715 1. Corporation Name				SECKLIMRY OF STATE TALLAHASSEE, FLORIDA			
RESTAURANT BACHATA ROSA, CORP.							
Principal Office Address - No P.O. Box # 3. Mailing Office Address 885 West 29 St 885 West 29 St.				REINSTATEMENT			
885 West 29 St 885 We Suite, Apt. #, etc. Sulte, Apt. #,					CR2E081 (1/07)	04-08	
			4. Date Incorporated or Qualified To Do Business in Florida 05/31/2001				
City & State Hialeah Fl Hiale.		ah Fl		-	5. FEI Number Applied For 65 – 1117831 Not Applicable		
33012 Country	33012	Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent						-	
Name MILDRED E. CRUZ				The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Acceptable)				the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
885 West 29 st Suite, Apt. #, Etc.							
City Hialeah	<u> </u>			fee be	waived.		
8. I, being appointed the registered agent of the above harped corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.							
Signature of Registered Agent				Date 4/30/2008			
REGISTERED AGENT MUST SIGN							
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			
DP MILDRED E. CRUZ	1415	14151 SW 54 Street		et	Miramar Fl 33027		
·							
					900129431809 05/14/0801007026 **750.00		
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 filling this reinstatement application, the reason for dissolution that 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 included in this form do not qualify for an exemption contained in Chapter 119, 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: 4/30/2008 SIGNATURE AND/TYPED OR RRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Daylime Phone #							
8, Mitched MAY 2 2008							