



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000074645 1. Entity Name LAGUNA PLAZA RESTAURANT, INC.						06 SEP 2006 3:53 09252006 REIN-P (1/05) 2006 WOP	
Principal Place of Business 70 NW 107TH AVE MIAMI, FL 33172				Mailing Address 70 NW 107TH AVE MIAMI, FL 33172			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 2006 09252006 REIN-P (1/05) 2006 WOP			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 55-0786657		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MARRERO, MARIA 11901 NW 4 ST. MIAMI, FL 33182 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">(DELETE)</div>				Name WILLIAM SANTOS Street Address (P.O. Box Number is Not Acceptable) 11901 NW 4th STREET City MIAMI FL Zip Code 33182			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOS, WILLIAM 11901 NW 4 ST. MIAMI, FL 33182 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080313816 03/29/06--01070--010 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTOS, WILLIAM A 11901 NW 4 ST. MIAMI, FL 33182 <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		
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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: X <i>William Santos</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/28/06 <i>(205) 221-3700</i> <small>Date Daytime Phone #</small>			