2007 FOR PROFIT CORPORATION REINSTATEMENT

<u></u>	, ILIITOTATEMENT								grand (see	
	—	P02000099	237					FIL	.ED	
1. Entity Nam FRITANG	BA LAS PALM	MAS, CORP.						²⁰⁰⁷ N OV 16	AM 11: 08	
Principal Plac	e of Business		Mailing Address				_	SECRETARY	OF STATE E.FLORIDA	
1100 EAST 25 ST			1100 EAST 25 ST				17	ALLAHASSÉ	E. FLORIDA	
HIALEAH, FL 33013			HIALEAH, FL 33013						COMPA	
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 00 (1814 53 0) 53 0) 53 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5 4 6 0 N . W .					Stre					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11082007	REIN-P	CR2E098 (1/0	17\	
City & State			City & State							,
City & State			Miami Florida				4. FEI Numbe 14-1846			Applied For Not Applicable
i Zip	Country		Zip 33055 Coun		U.S.	.S.A 5. Certifica		of Status Desired	□ \$8.75 Fee Reg	Additional
	6. Name and	Address of Current	Registered Agent				7. Name and Address of New Registered Agent			
DAMIDEZ	A1 84A 17				Name ARACELY SUAREZ					
RAMIREZ, 4850 NW	, ALMA V 191 STREET		Stre			Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	. 33055			54			60 N.W. 182 Street			
				Ì	City Miami FL Zip Code 33055					3055
			r the purpose of changing its r	registere	d office or			h, in the State of Flo		
the obligat	tions of registered	agent.								
SIGNATURE	· Signature types or print	ted name of registered agent	and title if applicable. (NOTE:	Registere	d Agent signet	ure requir	red when reinstating)	11	/15/2007	-
,	LE NOW!!! FEE nuary 1, 2008, (IS \$150.00 Fee will be \$300.0	00						rith s. 607.193(2)(not receive the pri	
10.		OFFICERS AND	DIRECTORS			ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECT	ORS IN 11	
TITLE	P			TITLE NAME	· · · · · ·	· ·			ge 🗌 Addition	
NAME STREET ADDRESS	RAMIREZ, ALI			ET ADDRESS		SUAREZ, ARACELY			100	
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-			Mia	5460 N.W. 182 Street Miami Florida 33055			
TITLE		☐ Delete 1				☐ Change ☐ Addition				
NAME STREET ADDRESS	1 •			NAME	ET ADDRESS		700112462647 11/20/0701042011 **150.00			
CITY-ST-ZIP				спу-sт-zip 11/20/07			<u>/0701042</u>	1042011 **150.00		
TITLE		□ Delete 1111							☐ Chan	ge
NAME STREET ADDRESS				NAME	ET ADDRESS					
CITY-ST-ZIP	<u></u>			спү-	ST-ZIP					
TITLE			Delete	TITLE		7	.	~	☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS				NAME	T ADDRESS	ŀ	KEIN	STATI	EMEN	$T \sim 1$
CITY-ST-ZIP				CITY-	ST-ZIP		-			`* <i>U</i>
TITLE			☐ Delete	TITLE					☐ Chan	ge 🗌 Addition
NAME STREET ADDRESS				NAME STREE	T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE	ľ				☐ Chan	ge
NAME STREET ADDRESS				NAME	ET ADDRESS					
CITY-ST-ZIP					ST-ZIP					
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.										
}	11/15/07									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #										

LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUM	
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(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
4	
(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait	☐ Photocopy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION,
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials