

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000135673					
1. Entity Name MEXITODO, INC.					
Principal Place of Business 8320 WOODLAKE PLACE TAMPA, FL 33615			Mailing Address 8320 WOODLAKE PLACE TAMPA, FL 33615		
2. Principal Place of Business - No P.O. Box # 9222 lazy lane.		3. Mailing Address 9222 lazy lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL.		City & State Tampa FL.		4. FEI Number 71-0930091	
Zip 33614 Country USA		Zip 33614 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent URIBE, JORGE P 8320 WOODLAKE PLACE TAMPA, FL 33615			7. Name and Address of New Registered Agent Name <u>Jorge Posada</u> Street Address (P.O. Box Number is Not Acceptable) 9222 lazy lane. City <u>Tampa</u> FL Zip Code <u>33614</u>		
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 <u>Jorge Posada Uribe</u> <u>Jorge Posada Uribe</u> <u>10/26/08</u> <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, 2009, 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 URIBE, JORGE P <input checked="" type="checkbox"/> Delete 8320 WOODLAKE PLACE TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500137491925 10/30/08--01037--013 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jorge Posada. <input type="checkbox"/> Delete 9222 lazy lane. Tampa FL. 33614.		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	
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: <u>Jorge Posada Uribe</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date: _____ Daytime Phone # _____</small>					

FILED

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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