

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000000846		
1. Entity Name PLAZA STREET ENTERPRISES, INC.		

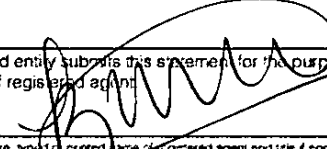
Principal Place of Business 5601 COLLINS AVENUE STE. 1407 MIAMI BEACH, FL 33140	Mailing Address 5601 COLLINS AVENUE STE. 1407 MIAMI BEACH, FL 33140
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2. Principal Place of Business - No P.O. Box # 454 ROSARO AVE	3. Mailing Address 454 ROSARO AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

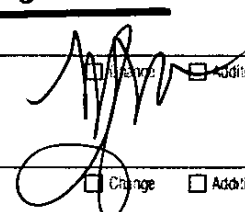
City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33146	Country US
Zip 33146	Country US

6. Name and Address of Current Registered Agent LEE BERN, NATALIE 5601 COLLINS AVENUE STE. 1407 MIAMI BEACH, FL 33140	
7. Name and Address of New Registered Agent Name LAZARO M. GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 454 ROSARO AVE City CORAL GABLES FL Zip Code 33146	

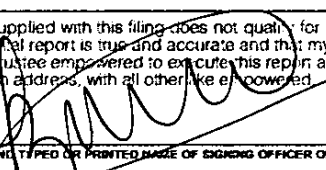
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$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	PSTD LEE BERN, NATALIE 5601 COLLINS AVENUE, SUITE 1407 MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- LAZARO M. GONZALEZ 454 ROSARO AVE CORAL GABLES FL 33146 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200098566242 ☐ Change ☐ Addition 04/26/07--01007--014 **\$300.00

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:  DATE: **04/12/07** Daytime Phone #: _____

07 APR 10 AM 11:35

CLERK OF THE STATE
TALLAHASSEE, FLORIDA



04122007 REIN-P CR2E098 (1/07)

4. FEI Number 20-0041141	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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