2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000000846

1. Entity Name
PLAZA STREET ENTERPRISES, INC.

07 APR 10 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04122007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
5601 COLLINS AVENUE STE. 1407 MIAMI BEACH, FL 33140	5601 COLLINS AVENUE STE. 1407 MIAMI BEACH, FL 33140

2. Principal Place of Business - No P O Box #	3. Mailing Address
454 ROSARO AVE	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

4. FEI Number: 20-0041141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEEBERN, NATALIE
5601 COLLINS AVENUE
STE. 1407
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name: LÁZARO M. GONZÁLEZ

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $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	PSTD LEEBERN, NATALIE 5601 COLLINS AVENUE, SUITE 1407 MIAMI BEACH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LÁZARO M. GONZÁLEZ 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 2007	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200098566242 04/26/07--01007--014 **300.00	☐ Change ☐ 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: _____ 04/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #