2004 FOR PROFIT CORPORATION

FIFD REINSTATEMENT DOCUMENT # P03000024840 04 OCT 20 AM 8:43 1. Entity Name SAN JUAN CAFE, INC. SECRETARY OF STATE-TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 390 WOOD CHUCH AVENUE 390 WOOD CHUCH AVENUE TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 2. Principal Place of Business 3. Mailing Address 2621 W. GRAND Suite, Apt. #, etc. 10142004 REIN-P CR2E098 (6/04) # 429 City & State 4. FEI Number Applied For PANWATER 06-1687380 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIGDALIA CAUCEL CANCEL, MIGDALIA 390 WOOD CHUCH AVENUE Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS, FL 34689 GRAMI Reserve CAR WATER 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 familia. the obligations of registered agent 16DALIA SIGNATURE d title if applicable FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT & DIRECTIE TITLE ☐ Delete TITLE CANCEL, MIGDALIA NAME CANCEL, MIGUALIA STREET ADDRESS 390 WOOD CHUCH AVENUE STREET ADDRESS TARPON SPRINGS, FL 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 20004201305 ☐ Addition NAME NAME 10/20/04--01018--016 **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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SAN JUAN CAFE, INC. 2621 W. Grand Reserve Cr. #429 Clearwater, Fl. 33759

Certified Letter

October 14, 2004

Florida Department of State Division of Corporation PO Box 6198 Tallahassee, Fl. 32314

Re: Annual Report #P03000024840

Gentlemen:

Enclosed please find our check in the amount of \$150.00 for our Corporate Reinstatement.

Please be advised that I did not receive the annual renewal report.

COSTIVER

Your prompt processing of our Annual Report will be greatly appreciated.

Truly yours,

SAN JUAN CAFE, INC.

Migdalia Cancel

President

Encl.