

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 25 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
P03000070872

OH QUE BUENO ENTERPRISE, INC.

2. Principal Office Address
1125 S. SEMORAN BLVD

3. Mailing Office Address
1125 S. SEMORAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip Country
32822 *32807* ORANGE

Zip Country
32822 ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida 03/23/2003

5. FEI Number
20-0055000

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name
SORAYA GIRALDO

Street Address (P.O. Box Number is Not Acceptable)
1125 S. SEMORAN BLVD

200054222072
05/10/05--01077--002 **600.00

Suite, Apt. #, Etc.

City
ORLANDO

State Zip Code
FL 32822 *32807*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *04-20-05*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SORAYA GIRALDO	11621 BLACKMOOR DR	ORLANDO, FL 32837
S	Juan Pares	11621 BLACKMOOR DR	ORLANDO, FL 32837

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-05 *407 488 881*
Date Daytime Phone #

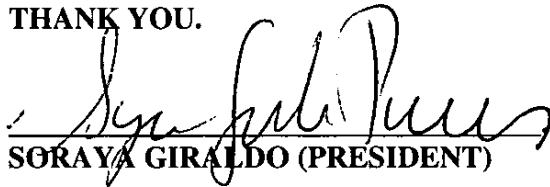
CR2E081 (01/05)

April 14, 2005

To Whom It May Concern:

I DID NOT FILE MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; THUS, THE ADDRESS ON THE CORPORATION IS WRONG, ENCLOSED I'M CORRECTING WITH THE RIGHT ADDRESS. PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.

THANK YOU.



SORAYA GIRALDO (PRESIDENT)