

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000102221**

1. Entity Name  
**MARTITA'S CAFETERIA, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
04 OCT 27 PM 12: 03

Principal Place of Business <b>11180 W FLAGLER STE 9 MIAMI, FL 33174</b>	Mailing Address <b>11180 W FLAGLER STE 9 MIAMI, FL 33174</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10222004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent

**ORTEGA, JUSTA P  
11180 W FLAGLER STE 9  
MIAMI, FL 33174**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00</b>	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	DPT ORTEGA, JUSTA P 11180 W FLAGLER STE 9 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS MARITZA MENENDEZ 11180 W FLAGLER STE. 8 MIAMI FL, 33174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORTEGA JUSTA P. 11180 W FLAGLER STE. 8 MIAMI FL. 33174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Justa P. Ortega* 10/18/04 (305) 237-0700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CK NO 1109 11/1/04