

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000103012		
1. Entity Name PLAZA FAMOSA SUPERMARKET, INC		

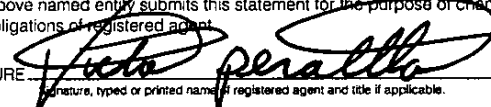
Principal Place of Business 3307 BLUE JAY CT SAINT CLOUD, FL 34772	Mailing Address 3307 BLUE JAY CT SAINT CLOUD, FL 34772
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2. Principal Place of Business 508 Hwy 17-92 Suite, Apt. #, etc.	3. Mailing Address 508 Hwy 17-92 Suite, Apt. #, etc.
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City & State DAVENPORT FL	City & State DAVENPORT FL	4. FEI Number 20-0242393	Applied For <input type="checkbox"/> Not Applicable
Zip 33837	Country POLK	Zip 33837	Country POLK

6. Name and Address of Current Registered Agent PERALTA, VICTOR J 3307 BLUE JAY CT SAINT CLOUD, FL 34772		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: **03/24/05**

(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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERALTA, VICTOR J 3307 BLUE JAY CT SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000050217120 04/08/05--01005--003 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERALTA, RAFAEL A 3307 BLUE JAY CT SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADM PERALTA, FREDY J 3307 BLUE JAY CT SAINT CLOUD, FL 34772 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **03/24/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
05 MAR 29 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05