2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000120911

FILED Dec 21, 2004 Secretary of State

Entity Name: MI RINCON PUERTORRIQUENO, INC.	
Current Principal Place of Business:	New Principal Place of Business:
517 N SEMORAN BLVD ORLANDO, FL 32807	
Current Mailing Address:	New Mailing Address:
517 N SEMORAN BLVD ORLANDO, FL 32807	
FEI Number: 20-0319514 FEI Number Applied For () FEI Number	nber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
NIEVES, LAURA 5880 FOLSTONE LANE ORLANDO, FL 32822 US	NIEVES, LAURA 5880 FOLKSTONE LANE ORLANDO, FL 32822 US
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.	
SIGNATURE: NIEVES LAURA	12/21/2004
Electronic Signature of Registered Agent	Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: () Delete Name: Address: City-St-Zip:	Title: PRES () Change (X) Addition Name: NIEVES, LAURA Address: 5880 FOLKSTONE LANE City-St-Zip: ORLANDO, FL 32822
Title: () Delete Name: Address: City-St-Zip:	Title: VP () Change (X) Addition Name: VILLALONGO, LYZARIS Address: 7718 SILVERTREE TR. City-St-Zip: ORLANDO, FL 32822
Title: () Delete Name: Address: City-St-Zip:	Title: SEC () Change (X) Addition Name: VILLALONGO, SHAKYRA Address: 8300 CHESTNUT KEY City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIEVES LAURA PRES 12/21/2004