


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000015043</b> 1. Entity Name <b>FRANCISCO CORTEZ COMPANY</b>	
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FILED

07 MAR - 1 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1694 S. HOAGLAND AVE. KISSIMMEE, FL 34741</b>	Mailing Address <b>1694 S. HOAGLAND AVE. KISSIMMEE, FL 34741</b>
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2. Principal Place of Business - No P.O. Box # <b>914 BROWNIE CIR.</b> Suite, Apt. #, etc.	3. Mailing Address <b>214 BROWNIE CIR.</b> Suite, Apt. #, etc.
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02232007 REIN-P CR2E098 (1/07)

City & State <b>KISSIMMEE FL</b>	City & State <b>KISSIMMEE FL</b>	4. FEI Number <b>90-0135895</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34741</b>	Country	Zip <b>34741</b>	Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORTEZ, FRANCISCO 1694 S. HOAGLAND AVE. KISSIMMEE, FL 34741</b>	7. Name and Address of New Registered Agent Name <b>FRANCISCO CORTEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>214 BROWNIE CIR.</b> City <b>KISSIMMEE F</b> <b>FL</b> Zip Code <b>34741</b>
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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: **02/23/07**

(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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CORTEZ, FRANCISCO 1694 S. HOAGLAND AVE. KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FRANCISCO CORTEZ 214 BROWNIE CIR. KISSIMMEE FL 34741
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03/07/07--01015--025 \*\*\*300.00

REINSTATEMENT 06-07

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **02/23/07** DAY PHONE #: **(407) 288-9047**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR