2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0400059066 1. Entity Name FRAN QUICIAS DE BBQ, INC.									
Principal Place of Business 13864 TIMBER BROOK DR APT 203 ORLANDO, FL 32824 Malling Address 13864 TIMBER BROOK DR ORLANDO, FL 32824 ORLANDO, FL 32824					Т 203	08 N	OV 26 PH S AHASSEE F		1
2. Principal Pl	ace of Busine	989 - No P.O. Box #	PMB-243-35 Galle (har						
Suite, Apt. #, etc.			C. Borbon Ste. Le			RE	NSFAT	EME	NTOS
City & State			Guayna ho			4. FEI Numbe			Applied For Not Applicable
Zip	Country		00949 Cour		T L	5. Certificate of Status Desired \$8.75 Fee Ro			dditional red
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name				
ROSADO, RENE R 12701 SOUTH JOHN YOUNG PARKWAY					Street Address (i ² .O. Box Number is Not Acceptable)				
SUITE 114 ORLANDO, FL 32837									ž.
				P****	City			FL Zip Co	
8. The above named entity submits this statement for the purpose of changing its registered office or register of agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typoid or printed needs of refinitional agent and title if explicitly in the reinstating DATE.									
FILE NOWIII FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00							In accordance wit corporation did no	th s. 607.193(2)(b ot receive the prio), F.S., the r notice.
10.		OFFICERS AND		11		SMOITICGIA	I /CHANGES TO OFFIC		
title Name Striget address City-St-Zip	PMB-263-	VELAZQUEZ, RAUL F 35 CALL. JOHN C. BE DO, P R 00966,		na) sti		12/0	001384 4/0801041	002 **1	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Cherg	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,			☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				l l			☐ Charg	e
TITLE NAME STREET ADDRESS GITY-ST-ZIP				NA ST CI	TLE UME REET ADDRESS TY-ST-ZIP			☐ Chang	
12. Thereby certify that the information supplied with this filling 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 and 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 69.1. 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. SIGNATIBE:									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Date Daystra Phone									