## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000061</b>	287		FILED		
1. Entity Name EMPANADA MANIA CORP.			06 MAY 16 AM 10: 44		
		1	SECRETARY OF STATE		
Principal Place of Business	Mailing Address		TALLAHASSEE, FLORIDA		
1406-1410 SW 6 ST MIAM), FL 33135	1406-1410 SW 6 ST MIAMI, FL 33135				
MININ, 10 33733	1111/2111, 12 30133				
Principal Place of Business	3. Mailing Address				
3301 5. BAYSHORE DRIVE 1301 5. BAYSHORE DRIVE Suite Apt. #. etc.					
Guite, Apt. #, etc.	Suite, Apr. #, etc.		105032006 REIN-PITS VCR2E098 (11/05) 05- 06		
City & State	City & State		4. Et Number — Applied For		
COCONUT GROYE, FLORIOS	Zip Zip	Country	\$9.75 Additional		
33133 miAmi - 0A00	4 '	miami -0			
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
FONT DELA CROIX, MONIQUE M		Name 5	SAME AS CURRENT		
1406-1410 SW 6 ST MIAMI, FL 33135		Street Add	Street Address (P.O. Box Number is Not Acceptable)		
		3.7	101 3. Birtondes Dictor		
		City	El Zip Code		
		<u> </u>	33/33		
<ol><li>The above named entity submits this statement fo the obligations of registered agent.</li></ol>	r the purpose of changing its	s registered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accep		
			5/4/06		
SIGNATURE Signature, type or printed name of registered agent in	and trie 4 applicable. (NO	FE: Registered Agent signatu	ure required when reinstating) DATE		
		<del></del>	In accordance with s. 607.193(2)(b), F.S., the		
FILE NOW!!! FEE IS \$300.00	DISCOURAGE AND ADDRESS OF THE PARTY OF THE P		corporation did not receive the prior notice.		
10. OFFICERS AND	Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME FONT DELA CROIX, MONIQUE		NAME	Spirit		
STREET ADDRESS 1406-1410 SW 6 ST		STREET ADDRESS	2301 S. BAYSHORE ORIVE		
CITY-ST-ZIP MIAMI, FL 33135		CITY-ST-ZIP	GOCONUT GROVE , FLORIDA 33133		
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Additio		
STREET ADDRESS 2		STREET ADDRESS	400075547654 05/31/0601014023 **300.00		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE 1915.	☐ Delete	TITLE NAME	☐ Change ☐ Additio		
NAME STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Additio		
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Additio		
NAME CONTROL OF THE C		NAME CIRCET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Additio		
NAME	Doint	NAME			
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP			
CRY-ST-ZIP	this filing does not qualify f	or the exemptions co	ontained in Chapter 119. Florida Statutes, I further certify that the information		
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.					
changed, or on an attachment with an address,	with all other like empowered	J.	$\mathcal{A}_{i}\mathcal{A}_{i}$		
SIGNATURE: X	2 ~ X		5/4/06 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					