

FROM :

FAX NO. : 3059713345

Sep. 18 2006 11:56AM P8/2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SEP 20 AM 11:10

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000120197

1. Corporation Name

LA CREPERIA CREPES AND WAFFLES INC

2. Principal Office Address

16239 SW 58 LANE

3. Mailing Office Address

16239 SW 58 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

FL

Country

33193

Zip

FL

Country

33193

REINSTATEMENT
CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/2004

5. FEI Number

20-1514154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
FRANCISCO J. PENAGOS

Street Address (R.O. Box Number is Not Acceptable)

16239 SW 58 LANE

Suite, Apt. #, Etc.

City
MIAMIState
FLZip Code
33193

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 09/18/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	FRANCISCO J. PENAGOS	16239 SW 58 LANE	MIAMI, FL 33193
VD	ALVARO F. PAZ	16239 SW 58 LANE	MIAMI, FL 33193
SD	FIORELLA MANCHOLA	16239 SW 58 LANE	MIAMI, FL 33193

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

09/18/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/22/06

FROM :

FAX NO. : 3059713345

Sep. 18 2006 11:55AM P2

2

Miami September 18, 2006

Division of Corporations
Secretary of State
PO Box 6327
Tallahassee, FL 32314

LA CREPERIA CREPES AND
WAFFLES INC
16239 SW 58 LANE
MIAMI, FL 33193
Doc. # P04000120197

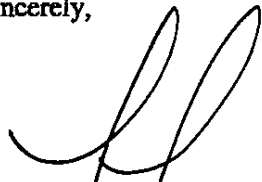
To Whom It May Concern:

With this letter I would like to request a waiver on the penalty fee for the above-mentioned company.

We moved and were not aware of the annual fee.

Thank you for your cooperation regarding this matter and please excuse the inconvenience.

Sincerely,



Francisco J. Penagos
President