FROM : FAX NO. : 3059713345 Sep. 18 2006 11:56AM P8/2

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 SEP 20 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000120197

1. Corporation Name

LA CREPERIA CREPES AND WAFFLES INC

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
16239 SW 58 LANE	16239 SW 58 LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: MIAMI
Zip: FL / Country: 33193	Zip: FL / Country: 33193

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 ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: FRANCISCO J. PENAGOS

Street Address (P.O. Box Number is Not Acceptable): 16239 SW 58 LANE

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip 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
		800080091519 09/22/06--01048--020 **300.00	

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 cw

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,

Fransisco J. Penagos
Prteside[illegible]