1 of 2

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2007 NOV 14 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000128000

1. Entity Name
BRITO'S CAFE, CORP.

Principal Place of Business	Mailing Address
1095 WEST 29TH HIALEAH, FL 33012	1095 WEST 29TH HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10102007 REIN-P CR2E098 (1/07)

4. FEI Number: 43-2060002 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BRITO, MARIO G
1240 W 61ST PL
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS ~~$700.00~~ 150.00
After January 1, 2008, Fee will be ~~$900.00~~

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PT	BRITO, MARIO G	1240 W 61ST PL	HIALEAH, FL 33012	☐ Delete
S	PACHEO, ACIDES	7368 W. 30 LANE	HIALEAH, FL 33018	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

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11/15/07--01030--016 **150.00

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: [signature] 11-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/19

DIVISION OF CORPORATIONS
P.O. BOX 6700
TALLAHSSEE, FL. 32314

TO WHOM IT MAY CONCER:
THE SUBSCRIBER, BRITO'S CAFE CORP. IS NOTIFYING YOU THAT THERE HASS BEEN A MISUNDERSTANDING, WE NEVER RECEIVED THE ANNUAL REPOR ON TIME TO BE PAID. SO NOW WE ARE SENDING YOU THE SAME AMOUNT, $150.00, WE HAD AWAYS PAID

CORDIALLY

Gabriel Brito