

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000036982

1. Entity Name
SABOR LATINO DE ABREU, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 27 AM 10:50

Principal Place of Business
2469 HWY 98 NORTH
LAKELAND, FL 33805 US

Mailing Address
2469 HWY 98 NORTH
LAKELAND, FL 33805 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11212006

REIN-P

CR2E098 (11/05)

4. FEI Number

202429068

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONIGAN, NIRZA
910 MABBETTE ST
KISSIMMEE, FL 34741

Name
HECTOR I. VELAZQUEZ

Street Address (P.O. Box Number is Not Acceptable)
1635 LAKEWOOD DR. S.

City
LAKELAND

FL

Zip Code
33813

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

Hector Velazquez NOTARY PUBLIC

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
ABREU, DIOGENES A
435 MARKEN LOOP
POLK CITY, FL 33860

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000082142070
11/29/06--01049--012 **150.00

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-06

DATE

Signature Phone #

REINSTATEMENT 2006

407-234-3227