

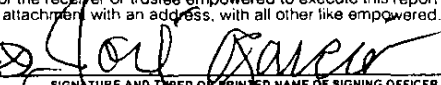


## 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000040926</b> 1. Entity Name <b>QUISQUEYA FOOD STORE, INC.</b>						07 OCT 12 AM 11:48 STATE FALLA... FLORIDA	
Principal Place of Business 3418 W CHEROKEE AVE TAMPA, FL 33611		Mailing Address 3418 W CHEROKEE AVE TAMPA, FL 33611					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RIOS, JUAN 3421 W CYPRESS STREET TAMPA, FL 33607				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		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							
<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2008, 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	P GARCIA, JOSE 3418 W CHEROKEE AVE TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GARCIA, SOCORRO 3418 W CHEROKEE AVE TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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				Date: 10/10/07 Daytime Phone #			



10102007 REIN-P CR2E098 (1/07)

4. FEI Number  
65-0408349

Applied For  
 Not Applicable

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

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10/12/07--01075--012 \*\*150.00

REINSTATEMENT 2007

