

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000098217 1. Entity Name LA FAMILIA CAFE & RESTAURANT, INC.		 <div style="text-align: right;"> FILED 08 DEC -1 PM 4:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1623 PROWMORE DRIVE BRANDON, FL 33511		Mailing Address 1623 PROWMORE DRIVE BRANDON, FL 33511	
2. Principal Place of Business - No P.O. Box # 9844 HWY 301 S Suite, Apt. #, etc. RIVERVIEW FC		3. Mailing Address 9844 US HWY 301 S Suite, Apt. #, etc. RIVERVIEW FC	
City & State 33569		City & State 33569	
Zip 33569		Zip 33569	
Country		Country	
4. FEI Number 20-3237997		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AZCONA, BLENINN 1623 PROWMORE DRIVE BRANDON, FL 33511		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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 P NAME AZCONA, BLENINN STREET ADDRESS 1623 PROWMORE DRIVE CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE 500137600335 NAME 11/04/08--01008--004 STREET ADDRESS **150.00 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME AZCONA, BLENINN STREET ADDRESS 1623 PROWMORE DRIVE CITY-ST-ZIP BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME AZCONA, NASARIS STREET ADDRESS 1623 PROWMORE DRIVE CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE TREASURE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MADERA, RITA M STREET ADDRESS 516 KENSINGTON LK CIR CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: Blennin Azcona SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Blennin 11/14/08 813 741-9727 AZCONA Date Daytime Phone #	