

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000112763 1. Entity Name ROSARIO ENTERPRISES JR, INC						FILED 07 AUG 24 AM 8:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1405 SIERRA CIRCLE KISSIMMEE, FL 34744				Mailing Address 1405 SIERRA CIRCLE KISSIMMEE, FL 34744			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ROSARIO, JOSE P 1405 SIERRA CIRCLE KISSIMMEE, FL 34744				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 20-3306062			
SIGNATURE: 				DATE: 08/20/07			
(NOTE: Registered Agent signature required when reinstating)				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
FILE NOW!!! FEE IS \$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: ROSARIO, JOSE P STREET ADDRESS: 1405 SIERRA CIRCLE CITY-ST-ZIP: KISSIMMEE, FL 34744				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 000109594940 STREET ADDRESS: 08/24/07--01029--013 CITY-ST-ZIP: **300.00			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
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: 				DATE: 08/20/07			
(NOTE: Signature and typed or printed name of signing officer or director)				Daytime Phone #			