PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN 24 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000129220

1. Corporation Name
Tortilleria La Frontera, Inc.

WI - 28775

700182063607
06/14/10--01001--017 **450.00

REINSTATEMENT 0710

2. Principal Office Address - No P O Box #	3. Mailing Office Address
19630 S. Tamiami Trail	19630 S. Tamiami Trail
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33908 Country: USA	Zip: 33908 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/20/05

5. FEI Number: 20-3497113 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Rebecca Silva

Street Address (P O. Box Number is Not Acceptable): 19630 S. Tamiami Trail

Suite, Apt. #, Etc

City: Fort Myers State: FL Zip Code: 33908

700182063607
06/23/10--01026--002 **450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S

Signature of Registered Agent: Rebecca Silva (REGISTERED AGENT MUST SIGN) Date: 6-11-2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D	Marco Lerma Sr.	19630 S. Tamiami Trl	Fort Myers, FL 33908
VP/S/D	Rebecca Silva	19630 S. Tamiami Trl	Fort Myers, FL 33908
VP/D	marco Lerma Jr	19630 S. Tamiami TRL	" "
VP/D	Samantha Lerma	19630 S. Tamiami TRL	" "

10. E-mail Address: marco.lerma@me.com (To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE: Rebecca Silva Rebecca Silva VP 6-11-2010 (239)244-7882
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)