


2006 FOR PROFIT CORPORATION • REINSTATEMENT

DOCUMENT # P05000141885		
1. Entity Name CREPES' FACTORY CO.		

Principal Place of Business 8530 RAINBOW AVE ORLANDO, FL 32825	Mailing Address 8530 RAINBOW AVE ORLANDO, FL 32825
--	--

2. Principal Place of Business 8530 RAINBOW AVE.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State
Zip 32825	Country

6. Name and Address of Current Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	

FILED
06 DEC 26 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

12012006 REIN-P CR2E698 (1/05)

4. FEI Number 20-3704849	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name NELLY WILCHES	
Street Address (P.O. Box Number is Not Acceptable) 581 BABYLONICA DR.	
City ORLANDO	FL Zip Code 32807

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 *Nelly Wilches* DATE 12/15/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD LONDONO, TATIANA 8530 RAINBOW AVE ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000082777660 12/26/06--01049--005 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ORTIZ, YASUNARY 8530 RAINBOW AVE ORLANDO, FL 32825 <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	SD WILCHES, NELLY 8530 RAINBOW AVE ORLANDO, FL 32825 <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	TD GALLO, GUILLERMO 8530 RAINBOW AVE ORLANDO, FL 32825 <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
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: *Nelly Wilches* DATE 12/15/06 DAYTIME PHONE # 407 927 3717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR