

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 29 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11202007 REIN-P CR2E098 (1/07)

4. FEI Number **20-4440844** Applied For
 Not Applicable

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

DOCUMENT # P05000142916

1. Entity Name
E. B. CAFETERIA INC.

Principal Place of Business 200 NW 57 CT. MIAMI, FL 33126	Mailing Address 200 NW 57 CT. MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box # 1055 East 41st Street	3. Mailing Address 1055 East 41st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah Florida	City & State Hialeah Florida
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Zip 33013	Country U.S.A.	Zip 33013	Country U.S.A.
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6. Name and Address of Current Registered Agent

MIR, HECTOR J
2655 LE JEUNE ROAD SUITE 1107
CORAL GABLES, FL 33133-4

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, 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	D <input type="checkbox"/> Delete BROCHE, EDITH 200 NW 57 CT. MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em; font-weight: bold;">300112687003</div> <div style="text-align: center; font-size: 0.8em;">11/29/07--01013--015 **150.00</div>
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
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
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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: *Edith Broche* 11/20/07 (305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #