


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR -5 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000145977	
1. Entity Name MEXICAN RESTAURANT TEQUILAS INC	

Principal Place of Business 4707 W GANDY BLVD TAMPA, FL 33611 US	Mailing Address 907 SUMMER BREEZE DR BRANDON, FL 33511 US
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REINSTATEMENT 06-07

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 4723 W. Leila Ave. Suite, Apt. #, etc.
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City & State Tampa, Florida	City & State Tampa, Florida
Zip 33616	Country US



02262007 REIN-P CR2E098 (1/07)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MALDONADO, GUADALUPE 4707 W GANDY BLVD TAMPA, FL 33611	7. Name and Address of New Registered Agent Name Orjuela, Oswaldo Street Address (P.O. Box Number is Not Acceptable) 4723 W. Leila Ave. City Tampa FL Zip Code 33616
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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 <u>Oswaldo Orjuela, Registered Agent</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>02-28-07</u>
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALDONADO, GUADALUPE 4707 W GANDY BLVD TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Orjuela, Oswaldo 4707 W. Gandy Blvd. Tampa, FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORJUELA, ALEXANDER 4707 W GANDY BLVD TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200092219282 03/12/07--01015--001 **300.00 <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
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: <u>Oswaldo Orjuela, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>02-28-07</u> <small>Date</small>	DAYTIME PHONE # <u>813 841-6168</u> <small>Daytime Phone #</small>
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