

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000163914

1. Entity Name
JUANITA'S MEXICAN FOOD, INC



FILED
06 DEC 26 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3480 PALM BEACH BLVD
FORT MYERS, FL 33916

Mailing Address
3480 PALM BEACH BLVD
FORT MYERS, FL 33916

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



REINSTATEMENT

4. FEI Number
20-3954524

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALDANA, JUANA
3480 PALM BEACH BLVD
FORT MYERS, FL 33916

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

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 P
NAME SALDANA, JUANA
STREET ADDRESS 596 LINNEDA AVE
CITY-ST-ZIP FORT MYERS, FL 33905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 500082776885
12/26/06--01046--004 **150.00

TITLE
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CITY-ST-ZIP

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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: *JUANITA SALDANA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/06 (239) 222-5166
Date Daytime Phone #

11/26/06 DEC 27 2006