


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000031741	
1. Entity Name FLAMINGO CAFETERIA #2 OF MIAMI CORP.	

Principal Place of Business 2621 WEST 60TH PLACE HIALEAH, FL 33016	Mailing Address 2621 WEST 60TH PLACE HIALEAH, FL 33016
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2. Principal Place of Business - No. & Box # 645-631 NW 32 ST	3. Mailing Address SAME
	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State
Zip 33127	Country USA
Zip	Country

6. Name and Address of Current Registered Agent CASTANAZA, CARLOS E 2621 WEST 60TH PLACE HIALEAH, FL 33016	7. Name and Address of New Registered Agent Name: HAYDEE CHIU Street Address (P.O. Box Number is Not Acceptable): 2621 W 60 PL City: Hialeah FL Zip Code: 33016
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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: HAYDEE Y CHIU DATE: 11-5-08

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, 2009, Fee will be \$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 CASTANAZA, CARLOS E 2621 WEST 60TH PLACE HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. HAYDEE CHIU 2621 W 60 PL Hialeah, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400137855024 11/12/08--01043--013 **150.00 <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: HAYDEE Y CHIU DATE: 11-5-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
08 NOV -6 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11052008 REIN-P CR2E098 (1/07)