

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 29 AM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10012007 REIN-P CR2E098 (1/07)

4. FEI Number **20-465453** Applied For Not Applicable

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

DOCUMENT # P06000045706
1. Entity Name
EL SABOR CAFE, CORP.



Principal Place of Business: 6344 E 6TH AVE, HIALEAH, FL 33013
Mailing Address: 6344 E 6TH AVE, HIALEAH, FL 33013

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
PEREZ, RAUL R
2950 N.W. 106 STREET
MIAMI, FL 33147

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **10/17/07**

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	P PEREZ, RAUL R 2950 N.W. 106 STREET MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900111451009 10/29/07--01046--026 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TORRES, ANGELINA 2950 N.W. 106 STREET MIAMI, FL 33147 <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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **10/17/07** Daytime Phone #

01/31/08