2008 FOR PROFIT CORPORATION REINSTATEMENT

|   | REINSTA  | TEMENT  |  |  |  |  |                                    |                                |                             |
|---|--|---|--|--|--|--|------------------------------------|--------------------------------|-----------------------------|
| DOCÜ  | MENT # P06000056   |   |  | 22   |  |  |                                    |                                |                             |
| Entity Name     TORTILLERIA LOS ARCOS, INC.                     |  |   |  | 186  |  | SÉCRETA<br>TALLAHA                         | ILED                               | ~·~-                           |                             |
| way - 10408   |  |   |  | 1  |  | TALLAHA                                    | SSEE, FL                           | IATE<br>ORINA                  |                             |
| Principal Plac  | ce of Business   |   |  | ·-   |  |  |                                    |                                |                             |
| 5791  | young ourst 110  | XΠ  | 6989   | -  | - MUL e0   | 9 PM 3:                                    | 31                                 |                                |                             |
| ばれて=  | #1 FT myers-Fr   | na un T   | #  | 1  |  |  |                                    |                                |                             |
| 2. Principal f  | 3-(  2   | A. Mailing Address  | - +  | <u> =1 -33911</u>  | <del>7                                      </del> |  |                                    |                                |                             |
| 570   | 71 YOUNG QUIST NO  | 1 5791 YOUM   | 69   | UIST NE  | THE REAL PROPERTY.                                 | ILA MUNIN TAHUI TITAN TUNIN T              | BAH BELIDI KALIB BAH               | A MINI BIBBI 161               |                             |
| Suite, Apt. # etc. Unit # Unit -                                |  |   | F  |  | 02192008   | REIN-P                                     | CR2E0                              | 98 (1/07)                      |                             |
| City & State  | M YENS   | City & State HYCM   | ity & State TMYCM                                  |  |  | <sup>ber</sup> 47558                       | 737                                |                                | oplied For<br>at Applicable |
| <sup>Z<sub>10</sub></sup> 3391                                  | Country  | <sup>Zip</sup> 33912  | Cour   | iry c  | !  | e of Status Desired                        | _ □ \$                             | 8.75 Add                       | ditional                    |
|   | 6. Name and Address of Current R   | egistored Agent   | -  |  | 7. Name ar   | d Address of New                           |                                    | ee Require<br>gent             | <u> </u>                    |
| R   | POTES HOTEL  |   | Name   |  |  |  |                                    |                                |                             |
|   | Children Control   |   | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |                                    |                                |                             |
| Beatriz Hotfilla<br>15061 Hawks Shadau pr<br>Fr. nyers-FI-33905 |  |   |  |  |  |  |                                    |                                |                             |
| +T  | 21,19617 - +1-   |   | City FL Zip Code                                   |  |  |  |                                    |                                |                             |
|   | e named entity submits this statement for tions of registered agent.   | the purpose of changing its r   | egister  | ed office or reg   | gistered agent, or b                               | oth, in the State of F                     | lorida. Lam fa                     | miliar with,                   | and accept                  |
| SIGNATURE.  | ( Daniel   | •   |  |  |  | 05/15                                      | 09.                                |                                |                             |
|   | Signatura: Typad or printed wome of course of agen, an   | d file if applicable (NOTE:   | Register   | ed Agent signature   | required when reinstatin                           | g) \ \                                     | DATE                               |                                | *                           |
| FI  | LE NOWIII FEE IS \$300.00  |   |  |  | In accordance corporation did                      | with s. 607,1<br>I not receive             | 193(2)(b), I<br>the prior r        | F.S., the notice.              |                             |
| 10.   | OFFICERS AND D   |   | 11.  |  | ADDITIONS  | CHANGES TO OF                              |                                    |                                |                             |
| TITLE<br>NAME   | P  |   |  | TITLE NAME  STREET ADDRESS  CITY-ST-ZIP  TT MYEN  TE 33511 |  |  |                                    |                                |                             |
| STREET ADDRESS<br>CITY-ST-ZIP                                   | 1416 FORSYTH WAY<br>BRANDON, FL 33511  |   |  | ET ADDRESS<br>-SI-ZIP                                      | 5791 you   | ING GUIST                                  | nd                                 |                                |                             |
| TITLE   |  | € Delete  | IITLE  | E .  | TT MY  | N FL                                       | 33511                              | ☐ Change                       | Addition                    |
| NAME<br>STREET ADDRESS  | 3  | -0  | NAM<br>STRE  | ET ADDRESS   |  |  |                                    |                                |                             |
| CITY-ST-ZIP   |  |   |  | -ST-ZIP  |  |  |                                    |                                |                             |
| TITLE<br>NAME   |  | ☐ Delete  | TITLE  | l l  |  |  |                                    | Change                         | ☐ Addition                  |
| STREET ADDRESS<br>CITY-ST-ZIP                                   |  |   |  | ET ADDRESS   |  |  |                                    |                                |                             |
| TITLE   |  | Delete .  | TITLE  | -ST-ZIP  |  |  |                                    | ☐ Change                       | ☐ Addition                  |
| NAME.<br>STREET ADDRESS   |  | 2 naks  | NAM  |  | 40   | <b>001445</b><br>70901030-                 | 1964                               | 4                              |                             |
| CITY-ST-ZIP   | REINSTATEMENT  | 01-01   |  | ET ADDRESS<br>- ST- ZIP                                    | 02/26  | /09==01030=                                | ·-!jU9 *;                          | #3UO.UU                        | J                           |
| TITLE   | With that are a second   | ☐ Delete  | TITLE  |  | <u> </u>   | 3/24/09                                    | DLDJ                               | □ Change                       | Addition                    |
| STREET ADDRESS  |  |   | NAMI<br>STRE                                       | et adoress   | 0.   | ) ( U r <i>O</i>  c                        | ۹سول بارن                          | J),                            | 100                         |
| CITY-ST-ZIP   |  |   | <b></b>  | - ST- ZIP  |  |  |                                    |                                | (T)                         |
| TITLE<br>NAME   |  | ☐ Deiete  | NAME   | <b>I</b>   |  |  |                                    | Change                         | Addition                    |
| STREET ADDRESS<br>CITY-ST-ZIP                                   |  |   | •  | et address<br>- St-ZIP                                     |  |  |                                    |                                |                             |
| 12. I hereby o  | certify that the information supplied with the   | ns filing does not qualify for I  | the exe  | motions conta  | ined in Chapter 11                                 | 9. Florida Statutes.                       | further certify                    | that the in                    | formation                   |
| indicated<br>of the corp<br>changed                             | on this report or supplemental report is tr<br>poration or the receiver or trusted impow<br>or on an attachment with an actorists, wit | He and accurate and That my<br>ered to expedie this report as<br>all other like improvement | , signat<br>s requir                               | ture shall have<br>red by Chapter                          | the same legal effer<br>r 607, Florida Statut      | ct as if made under<br>es: and that my nam | oath; that I an<br>ne appears in I | s an officer of<br>Block 10 or | or director<br>Biock 11 if  |
|   |  | Cal hall  |  |  |  | / /  |                                    | • /                            |                             |