## 2008 FOR PROFIT CORPORATION REINSTATEMENT

							_				
DOCUMENT # P06000128424  1. Entity Name FRITANGA YUNIOR'S-MENDOZA, CORP.							FILED 08 SEP 12 PH 12: 43				
Principal Place	ailing Address	Address			SECRETARY O	TOTATE					
57 E. 12TH ST.				7 E. 12TH ST.			TALLAMACOE	COLAIE			
HIALEAH, FL 33010				IALEAH, FL 33010			TALLAHASSEE.	F14184677	,		
TimeEm, Te 300 To							 	TI <b>aana a</b> hki <b>ka</b> hk aani aaka huka hi <b>a</b> k	ANSI <b>1880:0</b> (801) DIY		
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			09032008	NATEM	098 (1/01)	1011	
City & State				City & State			4. FEI Numb	3682960	<del>   </del>	oplied For	
Zip	Country			Zip	Cour	itry	5. Certificate	of Status Desired	\$8.75 Add	ditional	
6. Name and Address of Current R				tered Agent	l	7. Name and Address of New Registered Agent					
o. Name and Address of Current Registered Agent							Name				
VALLECIII	LO, WILLIAN	л									
57 E. 12TH ST.						Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH, FL 33010											
						City	••	FL	Zip Cod	е	
8 The above	named entity si	thmite this stateme	ent for the r	urnose of changing its	register	ed office or regis	tered agent or bo		familiar with	and accont	
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 Valleallo Williams 9/9/2008											
Signature, typed or printed name of registered agent and TEE Tepplicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$300.00								In accordance with s. 60 corporation did not receive	'.193(2)(b), e the prior r	F.S., the notice.	
10. OFFICERS AND DIRECTORS 11							ADDITIONS	/ CHANGES TO OFFICERS ANI	DIBECTOR:	S IN 11	
TITLE	PD	3,1132.13	7 12 2	☐ Delete	TITL		7.22	, , , , , , , , , , , , , , , , , , , ,	☐ Change	☐ Addition	
NAME	. –	MALLIM		- Delete	NAM	·			Change		
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
							11	ini angara	F-1-1	<u></u>	
TITLE	1	ACHOTIN		☐ Delete	, TITL		กดเวือริ	<del>)01362453</del> 3/0801008010	**300.0	Addition	
NAME	ALVARADO,				NAM	i i	551 6.2	. 00 01000 010		,,,,	
STREET ADDRESS						EET ADDRESS					
CIFY-ST-ZIP	HIALEAH, FI	L 33010			CITY	'-ST-ZIP					
TITLE	j			☐ Delete	TITE				Change	Addition	
NAME					NAM		<b></b> .				
STREET ADDRESS	1			•		EET ADDRESS	იი <b>!\</b> !	<b>涅 (</b>		~~	
CITY-ST-ZIP					CITY	'-ST-ZIP	037 <u>2</u> 99	₩W01000-010	**1350.	ΠÜ	
TITLE				☐ Defete	TITL	E			Change	Addition	
NAME					NAN	ie					
STREET ADDRESS					STR	EET ADDRESS					
CITY-ST-ZIP					CITY	'-ST-ZIP					
TITLE		:		☐ Delete	TITL	E			☐ Change	Addition	
NAME	İ				NAA	1E .					
STREET ADDRESS					STR	EET ADDRESS					
CITY-ST-ZIP					CiTY	'-ST-ZIP					
TITLE				☐ Delete	TITL	E			☐ Change	☐ Addition	
NAME .				- Delete	NAM				0		
STREET ADDRESS	<u>.</u>					EET ADDRESS			^ ^	1	
CITY-ST-ZIP						-ST-ZIP		,	" M.C	1115	
	nortify that the :=	formation assenting	d sasista stain E	ling does not qualify to			and in Chapter 11	9 Florida Statutos I fuether and	lify that the in	oformation	
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.											