2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P07000090315** 1. Entity Name 09 AUG 21 AM 8: 18 LAS CANAS CAFETERIA RESTAURANT, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1901 SW 12 AVE 3203 NW 17TH AVE MIAMI. FL 33142 MIAMI, FL 33129 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E098 (1/07) 04032009 REIN-P 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAVEZ, CLELIA L Street Address (P.O. Box Number is Not Acceptable) 1380 NE 134 STREET NORTH MIAMI, FL 33161 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE TITLE 400159806 NAME CHAVEZ, CLELIA L NAME 08/21/09--01032--004 **300.00 1380 NE 134TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI, FL 33161 ☐ Change Addition DVP Delete TITLE TITLE CHAVEZ, VICENTE J NAME NAME **1380 NE 134TH STREET** STREET ADDRESS STREET ADDRESS NORTH MIAMI, FL 33161 CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE CHAVEZ, CLELIA L NAME NAME **1380 NE 134TH STREET** STREET ADDRESS STREET ADDRESS NORTH MIAMI, FL 33161 CITY-ST-ZIP CITY-ST-ZIP TITLE DS ☐ Delete Change Addition NAME CHAVEZ, VICENTE J NAME STREET ADDRESS **1380 NE 134TH STREET** STREET ADDRESS NORTH MIAMI, FL 33161 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, Florida Statutes 1 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #