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2008 FOR PROFIT CORPORATION REINSTATEMENT


FILED

08 OCT 15 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000116275

1. Entity Name
CARIDAD RESTAURANT OF ORLANDO, INC.



Principal Place of Business: 1163 S. SEMORAN BLVD, ORLANDO, FL 32807 US

Mailing Address: 1163 S. SEMORAN BLVD, ORLANDO, FL 32807 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

5/13/08 90011 004 150-00
10082008 REIN-P CR2E098 (1/07)

4. FEI Number: 26-1290664
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
GARCIA, YONILDA
2204 WYNDAM WAY
KISSIMMEE, FL 34743

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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$
After January 1, 2009, Fee will be**

10. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> Delete
NAME: GARCIA, YONILDA	
STREET ADDRESS: 2204 WYNDAM WAY	
CITY-ST-ZIP: KISSIMMEE, FL 34743	
TITLE: VP	<input type="checkbox"/> Delete
NAME: MARMOLEJOS, OSVALDO A	
STREET ADDRESS: 207 BURNING TREE DRIVE	
CITY-ST-ZIP: KISSIMMEE, FL 34743	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/08

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Oct 8, 2008

From:

**Caridad Resturant of Orlando Inc.
1163 S. Semoran Blvd
Orlando FL 32807**

To:

**DIVISION OF CORPORATIONS,
P.O. BOX 1500, TALLAHASSEE,
FLORIDA 32302-1500**

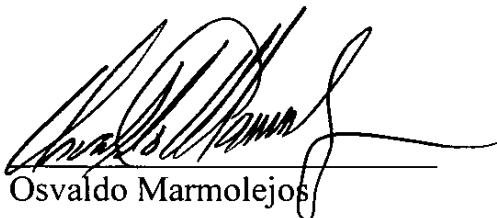
To whom it may concern:

I Send Copy of my Evidence to Pay The Annual Report For My Corporation
Because in this Moment is Inactive so Please I need Change The Status to
Active

Document Number P07000116275

FEIN Number 26-1290664

Thanks For Your Help



Osvaldo Marmolejos

Vice-President