

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

08 OCT 15 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

<b>DOCUMENT # P07000116275</b> 1. Entity Name <b>CARIDAD RESTAURANT OF ORLANDO, INC.</b>					
Principal Place of Business <b>1163 S. SEMORAN BLVD ORLANDO, FL 32807 US</b>			Mailing Address <b>1163 S. SEMORAN BLVD ORLANDO, FL 32807 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">26-1290664</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>GARCIA, YONILDA 2204 WYNDAM WAY KISSIMMEE, FL 34743</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.1em;">FL</div> <div style="text-align: right;">Zip Code</div>				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: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$ After January 1, 2009, Fee will be</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARCIA, YONILDA 2204 WYNDAM WAY KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARMOLEJOS, OSVALDO A 207 BURNING TREE DRIVE KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="height: 40px;"></div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="height: 40px;"></div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="height: 40px;"></div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

10/15/07

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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**

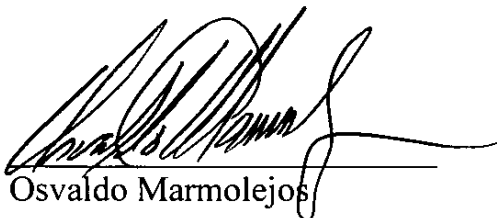
To whom it may concern:

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