

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000015673

**FILED**  
**Oct 07, 2010**  
**Secretary of State**

**Entity Name:** RESTAURANT BRISA TROPICAL, INC.

**Current Principal Place of Business:**

2460 S. STATE ROAD 7,  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

4933 NW 96 TERRACE  
SUNRISE, FL 33351

**New Mailing Address:**

4933 NW 96 TERRACE  
MIRAMAR, FL 33351

**FEI Number:** 26-1933134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GENAO, LEONALDA  
4933 NW 96 TERRACE  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: LEONALDA GENAO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GENAO, LEONALDA  
Address: 2460 S. STATE ROAD 7,  
City-St-Zip: MIRAMAR, FL 33023

Title: V  
Name: ROJAS, JOSE R  
Address: 2460 S. STATE ROAD 7,  
City-St-Zip: MIRAMAR, FL 33023

Title: S  
Name: GARCIA, YONILDA  
Address: 2460 S. STATE ROAD 7,  
City-St-Zip: MIRAMAR, FL 33023

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEONALDA GENAO

PRES

10/07/2010

Electronic Signature of Signing Officer or Director

Date