

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000046255

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** CONGA'S LATIN CAFE & RESTAURANT INC.

**Current Principal Place of Business:**

4511 GUNN HWY.  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

4511 GUNN HWY.  
TAMPA, FL 33624 US

**New Mailing Address:**

**FEI Number:** 56-2516343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FLEITAS, MANUEL  
7901 FLOWERFIELD DRIVE  
TAMPA, FL 33615 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:** MANUEL FLEITAS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARTINEZ, DAISY  
**Address:** 7901 FLOWERFIELD DRIVE  
**City-St-Zip:** TAMPA, FL 33615 US

**Title:** VP  
**Name:** FLEITAS, MANUEL  
**Address:** 7901 FLOWERFIELD DRIVE  
**City-St-Zip:** TAMPA, FL 33615 US

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:** DAISY MARTINEZ

PRES

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date