


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P93000007887		
1. Entity Name OCA'S BREEZE CAFETERIA, INC.		

06 OCT 2006 8:33

Principal Place of Business 1147 WASHINGTON AVENUE MIAMI BEACH, FL 33139	Mailing Address 1147 WASHINGTON AVENUE MIAMI BEACH, FL 33139
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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**REINSTATEMENT** (0/05) 06

4. FEI Number 65-0406016		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RODRIGUEZ, YOJANY 1147 WASHINGTON AVENUE MIAMI BEACH, FL 33139		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MANUEL 1147 WASHINGTON AVENUE MIAMI BEACH, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081130423 10/24/06--01005--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, YOJANY 1147 WASHINGTON AVENUE MIAMI BEACH, FL 33129 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joyany Rodriguez 10/17/06 (305) 5317833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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OCOA'S BREEZE CAFETERIA, INC.  
1147 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

October 17, 2006

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

RE: Ocoa's Breeze Cafeteria  
Document No. P93000007887

Gentlemen:


I have just learned that the above-mentioned corporation has been dissolved for not filing the 2006 Annual Report. Please be advised that we have not received the original notification regarding the Annual Report renewal.

I am enclosing the 2006 for Profit Corporation Reinstatement as well as check for \$150.00 to cover the 2006 filing fees.

I respectfully request the abatement of any penalty.

Thank you for your attention to this matter.

Sincerely,

  
Yojany Rodriguez  
Secretary

Enclosures