

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P95000029234</b> 1. Entity Name <b>CRUZ MEX, INC.</b>						<b>FILED</b> 06 NOV 13 PM 5:52 TALLAHASSEE, FL 	
Principal Place of Business <b>311 N TAMiami TR RUSKIN, FL 33570</b>				Mailing Address <b>311 N TAMiami TR RUSKIN, FL 33570</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-3296389</b>				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> <b>REFUGIO, CRUZ 103 ISLAND WATER WAY APOLLO BEACH, FL 33578</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
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)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE PS <input type="checkbox"/> Delete NAME CRUZ, REFUGIO STREET ADDRESS 103 ISLAND WATER WAY CITY-ST-ZIP APOLLO BEACH, FL 33572				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>800081737698</b> STREET ADDRESS <b>11/13/06--01038--007</b> CITY-ST-ZIP <b>**150.00</b>			
TITLE VSTD <input type="checkbox"/> Delete NAME CRUZ, ROSARIO STREET ADDRESS 103 ISLAND WATER WAY CITY-ST-ZIP APOLLO BEACH, FL 33572				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
<b>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.</b>							
<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: <b>11/10/06</b> DAYTIME PHONE: <b>813-641-1764</b>			