2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT-# P9700007716 1. Entity Name TAQUITOS JALISCO INC. Principal Place of Business Mailing Address			APPROVED FILED O4 NOV -5. PH 12: 58
1041 SOUTH DILLARD ST WINTER GARDEN, FL 34787-3913 WINTER GARDEN, FL 34787-3913 WINTER GARDEN, FL 3478			REINSTAFFERENCE
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		10302004 REIN-P CR2E098 (6/04)
City & State	City & State		4. FE! Number Applied For 59-3272256 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent
LUPERCIO, SERVANDO 1041 S DILLARD ST WINTER GARDEN, FL 34787	-	Street Addres	ss (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
8. The above named entity addinits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE! Signature involved or printed name of registered agent and title paplicable. (NOTE: Registered Agent eignature required when reinetating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the			
After January 1, 2005, Fee will be \$300.0			corporation did not receive the prior notice.
10. OFFICERS AND TITLE P NAME LUPERCIO, SERVANDO STREET ADDRESS 3104 AVALON RD CITY-ST-ZIP WINTER GARDEN, FL 34787	DIRECTORS . Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition 300042521333 11/05/0401040013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete -	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additión
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of thustee 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 officers, with all officers on the corporation of the corporation or the receiver of thustee empowered. SIGNATURE: Signature Devime Proper Devime Proper			