2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000007716 1. Entity Name TAQUITOS JALISCO INC.					1	FILI SECRETARY DIVISION OF CO 05 DEC 21	OF STATE PRPORATIONS	
Principal Place of Business		Mailing Address		1	NO DEC 21	An 9: 24		
1041 SOUTH DILLARD ST WINTER GARDEN, FL 34787-3913		1041 SOUTH DILLARD ST WINTER GARDEN, FL 34787-3913			3777		05	
2. Principal Place of Susiness		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			12152005	REIN-P	CR2E098 (6/	/04)
City & State		City & State		4. FEI Numb 59-327			Applied For Not Applicable	
Zip	Country Zip		Country		5. Certificate	of Status Desired	☐ \$8.75 Fee Re	Additional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R		quired
Name								
1041 S DILL	SERVANDO ARD ST ARDEN, FL 34787			Street Address (P.O. Box Numb	er is Not Acceptable	e)	
				City			FL Zip	Code
8. The above named entity submits this statement for the purpose of changing its registered office or registere						th, in the State of Flo	1	with, and accept
the obligation	ns of registered agent. Alexando graha, typed or printed name of registered agent	ypenio		nd Agent signature requir			V12/16	
3	graderal, typed or praised name or registered agent	and till it applicable. (AU)	C: Negistere	ed Agent signature requi	red when reinstating		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00						In accordance v corporation did	with s. 607.193(2) not receive the p	(b), F.S., the rior notice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS.	CHANGES TO OFF	ICERS AND DIREC	TORS IN 11
NAME I STREET ADDRESS 3	P Delete LUPERCIO, SERVANDO 3104 AVALON RD WINTER GARDEN, FL 34787				□ Change □ Addii			ange
TITLE	WINTER CARDEN, TE 04707	□ Delete	TITLE				□ Cha	ange Addition
NAME STREET ADDRESS CITY-ST-ZIP				E ET ADDRESS -ST-ZIP				
TITLE	☐ Delete Iniu						☐ Cha	inge Addition
NAME STREET ADDRESS CITY-ST-ZIP				E ET ADDRESS - ST- ZIP	500062326355 12/21/0501034002 **150.00			
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete		1			☐ Cha	ange Addition
TITLE NAME		☐ Oelete	TITLE				Cha	ange Addition
STREET ADDRESS CITY-ST-ZIP		,	STRE	ET ADDRESS -ST-ZIP				
IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Cha	ange 🔲 Addition
12. I hereby ce indicated or of the corporation changed, o	ritly that the information supplied with this report or supplemental report is pration or the receiver or Justee empor on an attachment with an address.	this filing does not qualify to strue and accurate and that is owered to execute this report with all other like empowered	r the exer my signat as requir	mption stated in Se ture shall have the red by Chapter 607	ection 119.07(3) same legal effe 7, Florida Statute	ot as if made under ones; and that my nam	oath; that I am an o e appears in Block	the information fficer or director 10 or Block 11 if
SIGNALL		PRINTED NAME OF SIGNING OFFICER	OR DIRECT	108		Dala (10/0)	Davtime Phi	