

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 13 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000 108624

1. Corporation Name
OCHOA'S SOUTH OF THE BORDER, INC.
4026 HWY 70 WEST
DKEECHOBEE, FL 34972

2. Principal Office Address
4024 HWY 70 WEST
Suite, Apt. #, etc.

3. Mailing Office Address
~~4024~~ 406 NW 11TH AVE
Suite, Apt. #, etc.

City & State
34972
DKEECHOBEE, FL

City & State
34972
DKEECHOBEE, FL

Zip
34972
Country
USA

Zip
34972
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number
05-0813960
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
HORTENCIA OCHOA
Street Address (P.O. Box Number is Not Acceptable)
406 NW 11TH AVENUE
Suite, Apt. #, Etc.
City
DKEECHOBEE
State
FL
Zip Code
34972

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
Hortencia Ochoa
REGISTERED AGENT MUST SIGN

Date 4-7-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	EFRAIN OCHOA, JR	1112 NW 2ND STREET	DKEECHOBEE, FL 34972
			100032631331 04/13/04--01086--015 **1000.00
			100032631331 04/13/04--01086--016 **650.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Hortencia Ochoa HORTENCIA OCHOA

Date 4-7-04

863-467-4767

Daytime Phone #

CR2E081 (01/04)