


attachment 1052

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000059541 1. Entity Name BORGES, INC.						FILED 08 DEC 11 PM 2:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 625 WASHINGTON AVE. HOMESTEAD, FL 33030				Mailing Address 625 WASHINGTON AVE. HOMESTEAD, FL 33030			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BORGES, EDSON 21243 SW 94TH COURT MIAMI, FL 33189				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 <u><i>Edson Borges</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORGES, EDSON 21243 S.W. 94 CT MIAMI, FL 33189 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>07/29/08 90009-038 \$150.00</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORGES, KARLA 23821 SW 108TH AVE. HOMESTEAD, FL 33032 <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	D BORGES, ANGELA 21243 SW 94TH COURT MIAMI, FL 33189 <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	D BORGES JR., EDSON 21243 SW 94 CT. MIAMI, FL 33189 <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		
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: <u><i>Edson Borges</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date</small>							
<small>Daytime Phone #</small>							

REINSTATEMENT 2008 KS

Borges Supermarket & Cafeteria

May 20, 2008

To Whom It May Concern:

This letter is to certify that we did not received a rejection letter , only until we received the dissolution of the company we realized the problem that we are in, please wave the \$400.00 fee and reinstate our company. If you may have any question please do not hesitate to contact us. Office:305-245-4655 or my cell: 786-277-0851.

Edson Borges
Edson Borges

President