2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000073623 ASOJANO'S CAFE, CORP. 09 MAY -8 AM 10: 0 TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 900 WEST 29TH STREET 11767 SOUTH DIXIE HWY #355 HIALEAH, FL 33012 PINECREST, FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E098 (1/07) 04282009 RFIN-P City & State City & State 4. FEI Number Applied For 65-0951634 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROJAS, YOLANDA Y Street Address (P.O. Box Number is Not Acceptable) 10250 N.W. 80TH COURT **APT 703** HIALEAH GARDENS, FL 33016 City 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. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOWIII FEE IS \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PSD ☐ Change Addition TITLE ☐ Delete TITLE ROJAS, YOLANDA Y NAME NAME 10250 N.W. 80TH COURT, APT 703 STREET ADDRESS STREET ADDRESS HIALEAH GARDENS, FL 33016 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME 300155673213 05/08/09--01015--019 **300.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Ado₁tion TITI F Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP REINSTATEMENT TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.