## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P99000088994

Entity Name: LA PACHANGA ENTERPRISES INC.

FILED Oct 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

724 W. VINE ST.

KISSIMMEE, FL 34741 US

Current Mailing Address: New Mailing Address:

309 BUSTLETON PIKE

FEASTERVILLE, PA 190536449 US

FEI Number: 52-2220293 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HINCAPIE, DAVID

1668 NESTLEWOOD TRAIL
ORLANDO, FL 32837 US

HINCAPIE, BLANCA P SECT
1668 NESTLEWOOD TRAIL
ORLANDO, FL 32837 US

ORLANDO, FL 32837 US

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.

SIGNATURE: BLANCA P HINCAPIE 10/06/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition HINCAPIE, DAVID HINCAPIE, BLANCA P PRES Name: Name: 1668 NESTLEWOOD TRAIL Address: 1668 NESTLEWOOD TRAIL Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837

Title: Title: (X) Change ( ) Addition () Delete HINCAPIE. BLANCA P Name: Name: HINCAPIE. BLANCA P SECT/TR 1668 NESTLEWOOD TRAIL Address: 1668 NESTLEWOOD TRAIL Address: ORLANDO, FL 32837 ORLANDO, FL 32837 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLANCA P HINCAPIE SECT 10/06/2005