

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014847

1. Corporation Name

EVELYN MENA, INC.

Principal Place of Business

141 MIRACLE MILE
CORAL GABLES FL 33134
US

Mailing Address

141 MIRACLE MILE
CORAL GABLES FL 33134
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Street, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1994

5. FEI Number

65-0484308

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MENA, EVELYN	830 E. 19TH ST.	HIALEAH FL 33013
VP	MUNOZ, BERTA	830 E 19TH ST	HIALEAH FL 33013

000004703690--0

-12/04/01--01031--019

****750.00 ****750.00

8. Name and Address of Current Registered Agent

MENA, EVELYN
830 EAST 19 STREET
HIALEAH FL 33013

9. Name and Address of New Registered Agent

Name

Louis A. Sarmiento

Street Address (P.O. Box Number is Not Acceptable)

141 Miracle Mile

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10.12.01

11. 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 filling 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.12.01

Date

305.442.4425

Daytime Phone #

B. MARNADORE NOV 28 2001

CR2E040 (801)