

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **255336**

1. Corporation Name

ZARAGOZANA 1830 INC

Principal Place of Business

Mailing Address

~~1751 BISCAYNE BLVD~~

~~1751 BISCAYNE BLVD~~

~~MIAMI FL 33132~~

~~MIAMI FL 33132~~

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

2. New Principal Office Address, If Applicable

4441 Collins Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4441 Collins Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33140

Country

USA

Zip

33140

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1962

5. FEI Number

59-0997413

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
TD	CURRAIS, J L	6920 TALAVERA	CORAL GABLES FL
PD	CURRAIS, JOSE A	271 SHORE DR EAST	MIAMI FL

400002546724--8
-06/04/98--01001--007
*****908.75 *****908.75

REINSTATEMENT

97-98

TS 6/1

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARQUEZ, JOSE M

~~700 NW LE JEUNE RD~~

~~SUITE 400 LE JEUNE CENTRE~~

~~MIAMI FL 33126~~

Name

JOSE M. MARQUEZ

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

782 NW LeJeune Road

Suite, Apt. #, Etc.

Suite 548

City

Miami

State

FL

Zip Code

33126

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

Jose Marquez
REGISTERED AGENT MUST SIGN

Date **May 20, 1998**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for Information
on Intangible tax.)

12. 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

Jose Marquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

5/20/98

(305) 672-7469

Date

Daytime Phone #

CR25040 (8/97)