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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 4:27

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 559890

La Tropicana Restaurant, Inc.
1822 E. 7th Avenue
Tampa, FL 33605

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State
REINSTATEMENT 01
Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida
2/15/78

4. FEI Number
59-1805817

FEI Number Applied For
FEI Number Not Applicable

5. **\$8.75 Additional Fee required
for a Certificate of Status**
CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
ED	MENENDEZ, AMELIA	8412 Grady Ave.	Tampa, FL 33614
EEOD	CUTTLE, RAY	8410 Grady Ave.	Tampa, FL 33614
SD	CUTTLE, ANA MARIA	8410 Grady Ave.	Tampa, FL 33614

800004642038--2
-10/18/01--01070--009
****750.00 ****750.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

DIAZ, JOSEPH L.
2522 W. Kennedy Boulevard
Tampa, FL 33609

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

Zip

FL.

9. 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 10-5-01

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

[Signature]

Date 10-05-01

Daytime Phone # 813-247-4040

Typed or printed name of signing officer or director

CR2E040 (8/92)