PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 98-99

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

FILED
99 AUG 12 AM 10: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Corporate # 564519

1. Corporation Name
Mayo's Liquor Lounge, Inc.
4280 SW 152 Avenue
Miami, Florida 33185

Principal Place of Business
4280 SW 152 Avenue
Miami, FL 33185

Mailing Address
13753 SW 281 Street
Homestead, FL 33033

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

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable
4280 SW 152 Avenue
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip 33185 Country

3. New Mailing Office Address, If Applicable
13753 SW 281 Street
Suite, Apt. #, etc.
City & State
Homestead, FL
Zip 33033 Country

4. Date Incorporated or Qualified To Do Business in Florida 12/17/77 SP

5. FEI Number 59-2015011 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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| Pres. | Arminda Lazaro | 11880 SW 45 Street | Miami, FL 33175 |
| Sec. | Alicia Amores | 11880 SW 45 Street | Miami, FL 33175 |
| Treas. | Julissa C. Gonzalez | 13753 SW 281 Street | Homestead, FL 33033 |
| | | | 700002964917--8 |
| | | | -08/19/99--01086--007 |
| | | | ****308.75 ****908.75 |
| | | | |

8. Name and Address of Current Registered Agent
Julissa C. Gonzalez
13753 SW 281 Street
Homestead, FL 33033

9. Name and Address of New Registered Agent
Name: Julissa C. Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 13753 SW 281 Street
Suite, Apt. #, Etc.:
City: Homestead, State: FL Zip Code: 33033

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 _____ REGISTERED AGENT MUST SIGN Date 7/19/99

11. This corporation owes 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: _____ Arminda Lazaro, Pres. 7/19/99 305-552-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (12/98)