PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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	Mailing Address
4280 SW 152 Avenue Miami, FL 33185	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	3. New Mailing Office Address, If Applicable
4280 SW 152 Avenue	13753 SW 281 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, Florida	Homestead, FL
Zip 33185 Country	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

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-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

CR2E081 (12/96)

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 #