

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 19 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94620

1. Corporation Name

TWO BROTHERS CAFETERIA INC

WD7-6349

REINSTATEMENT

04-07

ef

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
651 SW 71 CT

3. Mailing Office Address
651 SW 71 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip 33144 **Country** USA

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4. Date Incorporated or Qualified To Do Business in Florida 08/16/1982

5. FEI Number 59-2212952

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
ODALYS FELIPE

Street Address (P.O. Box Number is Not Acceptable)
16313 NW 84 PL

Suite, Apt. #, Etc.

City HIALEAH

State FL **Zip Code** 33016

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]*
REGISTERED AGENT MUST SIGN

Date 02/02/2007

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BLANCO, CARIDAD DELETE	651 SW 71 CT	MIAMI FL 33144
ST	BLANCO, ENRIQUETA	651 SW 71 CT	MIAMI FL 33144
VP	FELIPE, ODALYS	16313 NW 84 PL	HIALEAH FL 33016

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02/27/07--01010--005 **1200.00

10. 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 contained in Chapter 119, 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] ENRIQUETA BLANCO 02/02/07 (305) 823-5704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**