

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION**

**REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # F 9800000 4899

**1. Corporation Name**

Las Antiguas, Inc.  
1525 4th Street Ste C  
Sarasota, Florida 34234

201  
UBR

**2. Principal Office Address**

1525 4th Street

Suite, Apt. #, etc.

Suite C

City & State

Sarasota, Florida

Zip

34236

Country

USA

**3. Mailing Office Address**

1525

Suite, Apt. #, etc.

Suite B

City & State

Suite B

Zip

34236

Country

**4. Date Incorporated or Qualified To Do Business in Florida**

8/31/98

2/29/99

**5. FEI Number**

593519318

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

Monika Tran

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

4039 Shell Road

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34242

**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

*Monika Tran*

REGISTERED AGENT MUST SIGN

Date 10/30/01

**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
P	Monika Tran	4039 Shell Road	Sarasota, FL 34242

**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 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:

*Monika Tran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/01

Daytime Phone #

941-493-3200

CRZE081 (9/00)

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**Las Antiguas**

1525 4th Street  
Sarasota, Florida 34236

Phone (941) 349-3200  
Fax (941) 330-1455

October 25, 2001

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Non receipt of the previous uniform business reports

Dear Secretary of State:

I am writing this letter in accordance with your only provision for a waiver, regarding the status of my corporation, Las Antiguas. In two letters from your office, dated September 24, 2001, I was informed that you were unable to file the appropriate document for the following fictitious names:

Subject: **CAFE BOHEMIA**  
RE: 301A00053079

Subject: **BOHEMIAN CAFE**  
RE: 401A00053080

At this time I am requesting a waiver due to the non receipt of uniform business reports. Enclosed please find the application for registration of fictitious name, along with a check for \$150.00 in order for Las Antiguas, Inc. to assume an active status, and file to own the above mentioned fictitious names.

