

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 083000

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL -5 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G 19009

1. Corporation Name

TANIA TAKE OUT FOOD, INC

2. Principal Office Address

1141 W. 68 ST.

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33014

Country

Miami-Dade

3. Mailing Office Address

P.O. BOX 22651

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33002

Country

Miami-Dade

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

01/13/1983

5. FEI Number

59-2349026

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

Tania Cabrera

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

801 West 49th Street

Suite, Apt. #, Etc.

226

City

Hialeah

State

FL

Zip Code

33012

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

Tania Cabrera

Date 06/25/01

REGISTERED AGENT MUST SIGN

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	Tania Cabrera	841 SE 3 P1	Hialeah, FL 33010
STD	Tania Cabrera	841 SE 3 P1	Hialeah, FL 33010

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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:

Tania Cabrera - President

Tania Cabrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/25/01

Date

305-5589868

Daytime Phone #

CR2E081 (9/99)