

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 APR -9 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G39889

1. Corporation Name

LATIN AMERICAN CAFETERIA, INC

2. Principal Office Address

2940 Coral Way

3. Mailing Office Address

2732 S.W. 27 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33145

Country

Zip

33133

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2293297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$0.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 02-03
900015561913
04/09/03--01072--012 **908.75

7. Name and Address of Current Registered Agent

Name

Raul Galindo

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

9441 S.W. 103 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

Raul Galindo

REGISTERED AGENT MUST SIGN

Date **4/4/03**

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
PSTD	Raul Galindo	9441 S.W. 103 St	Miami, Fl. 33176

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raul Galindo

4/4/03

305-448-7331

Date

Daytime Phone #

21 4/10