

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000001483

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** CENTRO DE LA RESTAURACION

**Current Principal Place of Business:**

7811 CONGRESS STREET  
NEW PORT RICHEY, FL 34673

**New Principal Place of Business:**

6541 ORCHID LAKE ROAD  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

PO BOX 771  
NEW PORT RICHEY, FL 34673

**New Mailing Address:**

**FEI Number:** 01-0790922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TORRES, JOSE REV.  
9325 MANSARD LANE  
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** REV. JOSE TORRES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TORRES, JOSE PASTOR  
**Address:** 9325 MANSARD LANE  
**City-St-Zip:** PORT RICHEY, FL 34668

**Title:** T  
**Name:** DE JESUS, WANDA  
**Address:** 6006 7TH AVE.  
**City-St-Zip:** NEW PORT RICHEY, FL 34653

**Title:** S  
**Name:** TORRES, ROSA A  
**Address:** 9325 MANSARD LANE  
**City-St-Zip:** PORT RICHEY, FL 34668

**Title:** B  
**Name:** PEARSON, N P  
**Address:** 502 GREG STREET  
**City-St-Zip:** VALRICO, FL 33594

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** REV. JOSE TORRES

PAST

01/25/2012

Electronic Signature of Signing Officer or Director

Date