Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

RE-SUBMIT
Please retain original filing date of submission 3/24

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000[illegible]
Phone : (850)222-1092
Fax Number : (850)878-53[illegible]

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
MIAMI TACO BELL RESTAURANT OWNERS ADVERTISING ASSOCI

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$358.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 24 PM 10:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 09-11

DOCUMENT # N29318

1. Corporation Name

Miami Taco Bell Restaurant Owners Advertising Association, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1720 El Jobean Rd. #101	1 Glen Bell Way, MD 429
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Irvine, CA
Zip: 33948 / Country: USA	Zip: 92618 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/1988

5. FEI Number: 58-1836534 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.25 additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation / State: FL / Zip Code: 33324

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: _____ Date: 3/23/2011
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
V	Nick Peters	4107 Columbia Rd.	Martinez, GA 30907
T	Amoric Welken	1 Glen Bell Way, MD 429	Irvine, CA 92618
S	Don Solomon	2501 Hollywood Boulevard, Suite 220	Hollywood, FL 33020-6632
D	Kubair Kazi	3671 Sunswept Drive	Studio City, FL 91604
D	Dan Yagoda	10432 N. Lake Vista Circle	Davie, FL 33328
P	Carlos Silva	1720 El Jobean Rd. #101	Port Charlotte, FL 33948

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Amoric Welken 3.22.11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/19/2011 C T System Online

3/24/11
GB