

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29319

1. Corporation Name
West Palm Beach Taco Bell Restaurant
Owners Advertising Association, Inc
WI-28757

2. Principal Office Address - No P.O. Box #
1730 E1 Jobean Rd

Suite, Apt. #, etc.
101

City & State
Pt Charlotte FL

Zip
33948

3. Mailing Office Address
Same

Suite, Apt. #, etc.
Same

City & State
Same

Zip
—

Country
—

7. Name and Address of Current Registered Agent

Name
Carlos Silva

Street Address (P.O. Box Number is Not Acceptable)
1730 E1 Jobean Rd

Suite, Apt. #, Etc.
101

City
Pt Charlotte

State
FL

Zip Code
33948

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6/7/10

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
Pres	Carlos Silva	1730 E1 Jobean Rd	Pt Charlotte, FL 33948

10. E-mail Address: C.Silva.taco@daystar.net, typhsonn.taco@daystar.net
(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 807 or 817, 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 807.0401 or 817.0401, F.S., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 JUL -1 PM 1:03

000182093530
07/01/10--01036--033 **131.25

000182093530
06/15/10--01019--002 **236.25

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

581836533

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7/6/10