PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

2001 UBR

FILED
01 NOV 26 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003936

1. Corporation Name

PLAZA MEXICANA INC.

Principal Place of Business	Mailing Address
3943 WEST DAVIE BLVD. FT LAUDERDALE FL 33312-3405	3943 WEST DAVIE BLVD. FT LAUDERDALE FL 33312-3405

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
608 - 610 S. State Rd 7	608-610 S State Rd. 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Margate Flg	City & State: Margate Flg
Zip 33068 Country U.S.A.	Zip 33068 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 01/12/2000

5. FEI Number: 65-0977989 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DOMINGUEZ, MARIA TERESA	3943 WEST DAVIE BLVD.	FT LAUDERDALE FL 33312
			300004725573--9
			-12/14/01--01004--009
			****158.75 ****158.75
			LS

8. Name and Address of Current Registered Agent

DOMINGUEZ, MARIA TERESA
3943 WEST DAVIE BLVD.
FT LAUDERDALE FL 33312-3405

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: X MA-TERESA DOMINGUEZ — Date: 11/17/01
REGISTERED AGENT MUST SIGN

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., 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: X MA-TERESA DOMINGUEZ — 11/17/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/19/01 202

To: Division of Corporations

Subject: Plaza Mexicana Inc.
Annual Reports 2001

As per our conversation on 11/19/01 in which we received the notice of dissolution of our corporation, and we related to your department that due you had an incorrect address on this form we never received the first or second versions of the annual reports and you would waived the penalty. Enclosed please find the original fee of $150.00 with the Re-Instatement form. Please apologize for any inconvenience we could have caused

Sincerely yours.

X Maria Teresa Dominguez
Maria Teresa Dominguez