

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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
Suite, Apt. #, etc.

608 - 610 S. State Rd 7
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/2000

5. FEI Number

65-0977989

Applied For

Not Applicable

City & State
Mareate Flg

City & State
Mareate Flg

Zip
33068

Country
U.S.A.

Zip
33068

Country
U.S.A.

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

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

11/12/01

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:

DOMINGUEZ, MARIA TERESA

Date

Daytime Phone #

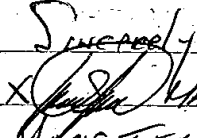
11/12/01

11/12/01 2002

To: Division of Corporations

Subject: Plaza Mexicana Inc.
Annual Reports 2001

As per our conversation on 11/12/01 in which we received the notice of dissolution of our corporation, and we related to your department that due to you had an incorrect address on this form we never received the first or second versions of the annual reports and you would waive 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 DOMÍNGUEZ
MARIA TERESA DOMÍNGUEZ