

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000007100

1. Corporation Name

LA PRIMERA PARADA RESTAURANT, INC.

Principal Place of Business

11802 NW 10TH AVE.
MIAMI FL 33168

Mailing Address

11802 NW 10TH AVE.
MIAMI FL 33168



02 NOV -4 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/2000

5. FEI Number

65-0968438

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BAEZ, MARCOS A	6276 NW 186TH ST., APT #212	MIAMI FL 33015

100008791471
11/04/02--01101--029 **150.00

8. Name and Address of Current Registered Agent

BAEZ, MARCOS A
6276 NW 186TH ST. APT. #212
MIAMI FL 33015

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

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/5/02

CR2040 (8/02)

Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 33214

RE: ANNUAL REPORT/UNIFORM BUSINESS REPORT FORM

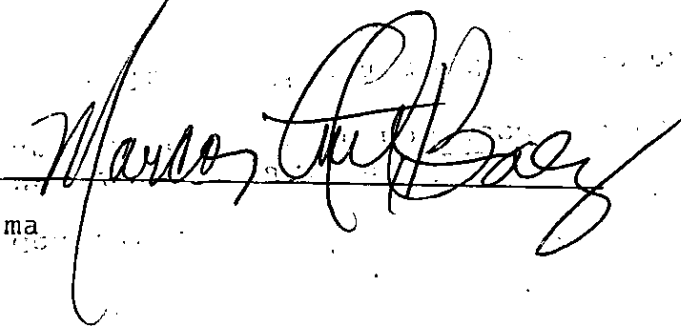
Gentlemen:

My Company name is LA PRIMERA PARADA Restaurant, inc.
and as yet, I have not received the abovementioned form.

I am also sending a check in the amount of \$150.00 to cover
the fee.

Thanks in advance.

Sincerely,


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I'm SORRY BUT I didn't
RECEIVE THE FIRST NOTE
JUST THE SECOND.

THANK YOU.