

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUN -9 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000007980**

1. Corporation Name

LA MOLIENDA RESTAURANT CORP

~~1191060023852~~

05/18/09--01029--018 \*\*300.00

2. Principal Office Address - No P.O. Box #

119 W OAKLAND PARK BLVD

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

Zip

33311

Country

US

3. Mailing Office Address

119 WEST OAKLAND PARK BLVD

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

Zip

33311

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/2000

5. FEI Number  
65-0975328

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIA M GALLEGOS

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

119 WEST OAKLAND PARK BLVD

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33311

☒ 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.

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

*Maria M Gallegos*

Date

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
PSD	MARIA M GALLEGOS	119 WEST OAKLAND PARK BLVD	OAKLAND PARK, FL 33311
VTD	PORFIRIO R GALLEGOS	119 WEST OAKLAND PARK BLVD	OAKLAND PARK, FL 33311

REINSTATEMENT

07-09

600156944376  
06/09/09--01029--003 \*\*158.75

07/12

10. 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 contained in Chapter 119, 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:

*Maria M Gallegos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-14-09 - 951-5646961