

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 MAR -5 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019870

1. Corporation Name

EL MESON DEL CIBAO, INC.

Principal Place of Business

5958 JOHNSON STREET
HOLLYWOOD FL 33024

Mailing Address

5958 JOHNSON STREET
HOLLYWOOD FL 33024

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0998256

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 | RODRIGUEZ JOSE DELETE | 1818 JEFFERSON STREET | HOLLYWOOD FL 33020 |
| PD | VARGAS JUAN | 6124 ARTHUR ST #23 | HOLLYWOOD FL 33021 |
| | | | 900012310199 03/06/19--01050--011 **150.00 |
| | | | 900012310199 02/11/03--01031--013 **750.00 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

MOLINA, GRACE
11230 S.W. 157TH STREET
MIAMI FL

9. Name and Address of New Registered Agent

Name JUAN VARGAS
Street Address (P.O. Box Number is Not Acceptable)
6124 ARTHUR ST
Suite, Apt. #, Etc. 23
City HOLLYWOOD
State FL Zip Code 33021

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

Juan Vargas
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 2-6-03

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:

Juan Vargas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED-40 (8/02)