

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 FEB -5 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038391

1. Corporation Name

EL TROPICO TASCA, INC.

Principal Place of Business

7387 NW 36TH ST  
MIAMI FL 33155

Mailing Address

7387 NW 36TH ST  
MIAMI FL 33155

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/2000

5. FEI Number

65-1011246

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
D	ORANTES, RICARDO	7387 NW 36TH ST	MIAMI FL 33178
D	VIZCARRONDO, JOSE A	7387 NW 36TH ST	MIAMI FL 33178
			700008638067 10/28/02--01133--001 **158.75
			300008638067 01/02/03--01063--022 **750.00
			700008638067 01/02/03--01063--022 **750.00

8. Name and Address of Current Registered Agent

CRISONINO, RICHARD A  
2534 SW 6 STREET  
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name

Jose VIZCARRONDO

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

7387 NW 36 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

01/15/03

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:

SIGNATURE REQUIRED  
Jose VIZCARRONDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02 305 4776705

Date

Daytime Phone #