

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000043309

1. Corporation Name

SEGUNDO MEXICO RESTAURANT, INC.

Principal Place of Business

Mailing Address

4831 N. DIXIE HIGHWAY  
DEERFIELD BEACH FL 33064

4831 N. DIXIE HIGHWAY  
DEERFIELD BEACH FL 33064

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

04/28/2000

5. FEI Number

65-1008476

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	VALLE, KIMBERLY M	4188 N W 67TH TERRACE	CORAL SPRINGS FL 33067
D	VALLE, EDUARDO B	4188 N W 67TH TERRACE	CORAL SPRINGS FL 33067

000004703270--1  
-12/04/01--01010--011  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STARR, STUART  
721 N.E. 3RD AVENUE  
FORT LAUDERDALE FL 33304

Name

EDUARDO B. VALLE

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

4188 NW 67 TERRACE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

*[Signature]*

EDUARDO B. VALLE, Director 10/15/01

Date

954-632-5529

Daytime Phone #