

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 15 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000066784

1. Corporation Name

Cesar Jr. #1, Inc.

9403 Armenia Ave.
9403 Armenia Ave.

2. Principal Office Address
9403 Armenia Ave.

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip Country
~~39912~~ 33612 USA

3. Mailing Office Address
9403 Armenia Ave.

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip Country
~~39912~~ 33612 USA

700042753127
11/15/04--01061--035 **1050.00
REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3725593

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
Lyons, Robert

Street Address (P.O. Box Number is Not Acceptable)
9403 N. Armenia Ave

Suite, Apt. #, Etc.

City
Tampa

State Zip Code
FL ~~33612~~ 33612

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

Robert X Lyons

REGISTERED AGENT MUST SIGN

Date 11/04/04

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
P	Cesar A. Rodriguez, Jr.	1515 S. Grady	Tampa / FL / 33609 33629

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 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

Cesar A. Rodriguez, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/04

Date

(813) 299-4300

Daytime Phone #

CR2001 (01/04)