

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 AM 11:33

DOCUMENT # P00000074394

1. Corporation Name

TITO'S LATIN CAFE INC.

Principal Place of Business

Mailing Address

1155 S. DALE MABRY
TAMPA FL 33629

1155 S. DALE MABRY
TAMPA FL 33629



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

08/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3663405

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MEJIA, JULIO C	1155 S. DALE MABRY	TAMPA FL 33629

100004689971-1
-11/20/01--01080--014
***150.00 ***150.00

10/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEJIA, JULIO C
1155 S. DALE MABRY
TAMPA FL 33629

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Julio Mejia REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-22-01

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:

Julio Mejia REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-01

1.09
September 23, 2001

Florida Department of State
Division of Corporation
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

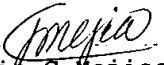
To Whom it may concern:

This is to inform you as per our telephone conversation that I never received the 2001 Annual Report for my Corporation, this is my first year as a Corporation, and I notice the address in the form sent by you is incomplete.


The Correct address is:

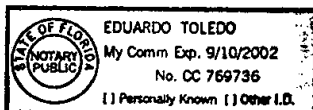
Titos's Latin Cafe Inc
1155 South Dale Mabry Hwy
Suite #12

Thank very much for the inconvenience.


Julio C. Mejias
President

Sworn to and suscribed before me this twenty third day of September, 2001 (PERSONALLY KNOWN TO ME)


Signature of Notary Public
Eduardo Toledo



NOTE: ENCLOSED CHECK #1406 for \$150.00