

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 30 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-06/11/02--01102--004
***900.00 ***900.00

DOCUMENT # P 000000 76570

1. Corporation Name

Tropico Restaurant, Inc.
12502 N. Kendall Drive
Miami, Florida 33126

2. Principal Office Address

12502 N. Kendall Drive

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33186

Country

USA

3. Mailing Office Address

12502 N. Kendall Drive

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33186

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1033601

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Armando Valladares

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

12502 N. Kendall Drive

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33186

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

REGISTERED AGENT MUST SIGN

Date

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
D/P	Armando Valladares	12502 N. Kendall Drive	Miami, Florida 33186

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

Armando Valladares
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Armando Valladares

5/24/02

Date

(305) 302-4644

Daytime Phone #

CR2E081 (9/00)