

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

20fz

~~CORPORATION~~  
~~RESTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 15 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000089888

1. Corporation Name

MAMA DOLORES CAFETERIA, CORP.

2. Principal Office Address

1100 Alibaba Avenue

3. Mailing Office Address

1147 Jann Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa Locka Florida

City & State

Opa Locka Florida

Zip

33054

Country

U.S.A.

Zip

33054

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/21/2000

5. FEI Number

65-1040900

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

PABLO VALERA

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

1147 Jann Avenue

Suite, Apt. #, Etc.

City

Opa Locka

State

FL

Zip Code

33054

500008700685  
10/30/02--01076--007 \*\*\*300.00

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

PABLO VALERA

REGISTERED AGENT MUST SIGN

Date 10/14/2002

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
DP	PABLO VALERA	1147 Jann Avenue	Opa Locka Florida 33054

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 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 contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

PABLO VALERA

10/14/2002 (305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10f2

October 13, 200

Ref: Mama Dolores Caple  
P00000089888 Corp  
Annual Report

Division of Corporations  
Reinstatement Section

Gentleman: Hereby I am sending \$300.00  
for reinstatement of my Corporation, I am  
sorry for this inconvenience, but this is my  
first time in business, I did not receive  
my annual report, and I was not aware  
of this situation, please reinstate my  
Corporation I promise this will not  
happen to me again. Thanks for  
your attention.

Sincerely,

