

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000096404

1. Corporation Name

LOS JALAPENOS MEXICAN RESTAURANT, INC.

Principal Place of Business

6408 ROWAN RD.
NEW PORT RICHEY FL 34652

Mailing Address

6408 ROWAN RD.
NEW PORT RICHEY FL 34652

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/12/2000

5. FEI Number

65-1045186

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
Owner	Carlos Olivera	8905 Goshen Lane	Port Richey, FL 34668-5636

100004741001--3
-12/27/01--01034--017
****158.75 ****158.75

8. Name and Address of Current Registered Agent

SIERRA, SERGIO
6408 ROWAN RD.
NEW PORT RICHEY FL 34652

9. Name and Address of New Registered Agent

Name: Larry C. Schalles
Street Address (P.O. Box Number is Not Acceptable): 8726 Old County Road 54
Suite, Apt. #, Etc.: Suite C
City: New Port Richey
State: FL
Zip Code: 34653-6421

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

Larry C. Schalles
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-17-01

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:

Larry C. Schalles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-01

Date

Daytime Phone #

October 14, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Division of Corporations:

We did not receive a Uniform Business Report for the year 2001. Our understanding is that we should have received one earlier in the year for \$150.00. Being that we never received it we are requesting that you please send us one and abate any penalties and accept the \$150.00 filing fee enclosed.

Thank you,

Linda Chen