

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 MAY -11 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PD00000100379**

1. Corporation Name

**SANDWICH VICTORIA & RESTAURANT, INC.**

2. Principal Office Address - No P.O. Box #

**4256 WEST 12 AVENUE**

Suite, Apt. #, etc.

3. Mailing Office Address

**4256 WEST 12 AVENUE**

Suite, Apt. #, etc.

City & State

**HIALEAH, FL**

Zip

**33012**

Country

**US**

City & State

**HIALEAH, FL**

Zip

**33012**

Country

**US**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
10/252000

5. FEI Number

**65-1048895**

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

**JESUS YABER**

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

**1975 WEST 44 PLACE**

Suite, Apt. #, Etc.

City

**HIALEAH**

State

**FL**

Zip Code

**33012**

**600284873736**  
04/21/16--01013--014 \*\*1500.00

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

REGISTERED AGENT MUST SIGN

Date

**4-14-16**

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	JESUS YABER	1975 WEST 44 PLACE	HIALEAH, FL 33012
VP	ITALIA FAZIO	1975 WEST 44 PLACE	HIALEAH, FL 33012

**REINSTATEMENT**

**2011 - 2015**

10. E-mail Address: **ATCGI@YAHOO.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-14-16**

Daytime Phone #

**(305) 362-9139**

SANDWICH VICTORIA & RESTAURANT, INC.  
4256 West 12nd Avenue  
Hialeah Florida 33012

May 10, 2016

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

ATTN.: REINSTATEMENT SECTION

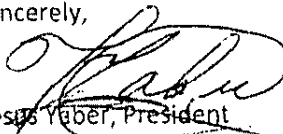
RE.: Document #P12000052895

Gentlemen:

As per our telephonic conversation with an officer of the Reinstatement Section, that we are announcing that we do not intent to revoke the Dissolution of Document #P12000052895.

We hereby give consent to corporation with Document P00000100379 to use this name.

Sincerely,

  
Jesus Yaber, President

SANDWICH VICTORIA & RESTAURANT, INC.  
4256 West 12nd Avenue  
Hialeah Florida 33012

May 10, 2016

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

ATTN.: REINSTATEMENT SECTION

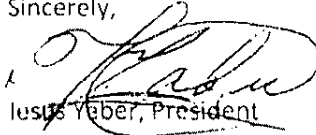
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Sincerely,



Justus Yeber, President