

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 22 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107927

1. Corporation Name

La Esperanza Restaurante of Port Charlotte, Inc.

2. Principal Office Address - No P.O. Box #
2150 Tamiami Trail

3. Mailing Office Address
2150 Tamiami Trail

Suite, Apt. #, etc.
Suite 24

Suite, Apt. #, etc.
Suite 24

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

Zip Country
33952 USA

Zip Country
33952 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/17/2000

5. FEI Number
65-0461630

☐ 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
Juan Ramirez

Street Address (P.O. Box Number is Not Acceptable)
247 E. Tarpon Blvd.

Suite, Apt. #, Etc.

City
Port Charlotte, FL 33952

State Zip Code
FL 33952

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

José C. Ramirez

REGISTERED AGENT MUST SIGN

Date 4.13.2009

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	Juan Ramirez	247 E. Tarpon Blvd.	Port Charlotte, FL 33952
VP	Maria C. Ramirez	247 E. Tarpon Blvd.	Port Charlotte, FL 33952
Treas	José Ramirez	247 E. Tarpon Blvd.	Port Charlotte, FL 33952
Sec	Dimas Ramirez	247 E. Tarpon Blvd.	Port Charlotte, FL 33952
REINSTATEMENT RH			

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 contained in Chapter 119, 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:

José C. Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.2009

Date

941.235.3642

Daytime Phone #