

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002330

1. Corporation Name

EL TORO MEXICAN FAMILY RESTAURANT, INC.

Principal Place of Business

626 ROSSMOOR CIRCLE  
MELBOURNE FL 32940

Mailing Address

626 ROSSMOOR CIRCLE  
MELBOURNE FL 32940

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

01/05/2001

5. FEI Number

52-2286727

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	William Jesseman	626 ROSSMOOR CIRCLE	MELBOURNE, FL 32940
Secretary	JOSE LOPEZ	2559 S E MADISON	11/20/02--01005--011 **750.00 STUNTS, FL 34997

8. Name and Address of Current Registered Agent

JESSEMAN, WILLIAM  
626 ROSSMOOR CIRCLE  
MELBOURNE FL 32940

9. Name and Address of New Registered Agent

Name

PAUL A. BOUVIER

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

3210 N. WICKHAM RD.

Suite, Apt. #, Etc.

SUITE 5

City

MELBOURNE

State  
FL

Zip Code  
32935

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Paul A. Bouvier*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/12/02

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:

*William Jesseman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-12-02

CRCE040 (8/02)