

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 15 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100015650

1. Corporation Name

THE EMPANADA FACTORY, INC.
11401 NW 12 STREET No. 131
MIAMI FL 33172

2. Principal Office Address

11401 NW 12 STREET

3. Mailing Office Address

11401 NW 12 STREET

Suite, Apt. #, etc.

#131

Suite, Apt. #, etc.

#131

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33172

Country

Zip

33172

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1077059

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000024212380
10/28/03--01062--024 **150.00

7. Name and Address of Current Registered Agent

Name

YAMILETH ROMERO

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

11401 NW 12 STREET

Suite, Apt. #, Etc.

#131

City

MIAMI

State

FL

Zip Code

33172

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

Date 10-10-03

REGISTERED AGENT MUST SIGN

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	YAMILETH ROMERO	8682 SW 161 CT	MIAMI, FL 33193
S	RAFAEL FONT	8682 SW 161 CT	MIAMI, FL 33193
D	REINALDO FONT	11401 NW 12 STREET #131	MIAMI, FL 33172
D	ANGELA ROMERO	11401 NW 12 STREET #131	MIAMI, FL 33172

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael Font

Date

10-10-03

Daytime Phone #

CR25061 (10/02)

To: Florida department of state, division of corporations.

This letter is to inform that we did not received this year the annual uniform Business report and at this time our corporation is inactive, we found out Through your website that the mailing address your have for our corporation Doesn't exist.

After talking to your office by phone and explaining the situation, we were Requested to send this letter along with the new form and a check for \$ 150, We are also sending copy of what we found in your website showing the right Filling and wrong address.

We can really appreciate to have our corporation reactive.

Thankyou.
Yamile Romero

A handwritten signature in black ink, appearing to read 'Yamile Romero', with a large, stylized flourish above the name.