

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002  
APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 24 AM 8:18

DOCUMENT # P01000027654

1. Corporation Name

DUARTE'S RESTAURANT & CAFETERIA CORPORATION

Principal Place of Business

4020 W. CREST AVE.  
TAMPA FL 33614

Mailing Address

4020 W. CREST AVE.  
TAMPA FL 33614

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

03/14/2001

5. FEI Number

59-3700598

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	AGUILAR, JORGE	4020 W. CREST AVE.	TAMPA FL 33614
VSD	DUARTE, LOURDES	4020 W. CREST AVE.	TAMPA FL 33614

10/24/02--01008--001 \*\*10.00

10/24/02--01009--001 \*\*150.00

8. Name and Address of Current Registered Agent

CRUZ, OCTAVIO  
5015 W. WATERS AVE., SUITE F  
TAMPA FL 33634

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

CR2040 (8/02)

**Duarte's Restaurant & Cafeteria Corporation**  
**4020 W. Crest Ave.**  
**Tampa, FL 33614**

October 23, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 24 AM 8:26

Dear Sir/Madam:

The purpose of this letter is to inform you that we did file our 2002 Uniform Business Report with out the President's signature. However, we did not receive any notices or correspondence from your office on the matter. What we received from your office was a returned check from another corporation that was mistakenly send to us. And after contacting your office, your office advised us to express this in writing to avoid a late filling fee.

If you have any further questions please contact us at (813) 882-3400.

Thank You,

Jorge Aguilar  
President

