

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048362

1. Corporation Name

PAPITO'S CUBAN CAFE, INC

Principal Place of Business

Mailing Address

~~49112 HOLLY LANE~~
~~LUTZ FL 33548~~

~~10412 HOLLY LANE~~
~~LUTZ FL 33548~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~5305 EHRICH RD~~

~~6518 W. CLIFTON~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~TAMPA FLA~~

~~TAMPA FLA~~

City & State

City & State

~~33625 USA~~

~~33634 USA~~

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/2001

5. FEI Number

~~59-3741751~~

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 |
|---------------|---|--|-------------------------|
| PTVS | HERNANDEZ, RAMON JR. | 15008 LAKESIDE COVE COURT | ODESSA FL 33556 |
| D | HERNANDEZ, RAMON JR. | 15008 LAKESIDE COVE COURT | ODESSA FL 33556 |
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8. Name and Address of Current Registered Agent

HERNANDEZ, RAMON JR.
15008 LAKESIDE COVE COURT
ODESSA FL 33556-3114

9. Name and Address of New Registered Agent

Name

~~HERNANDEZ, RAMON JR.~~

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

~~6518 W. CLIFTON ST~~

Suite, Apt. #, Etc.

City

~~TAMPA~~

State

~~FL~~

Zip Code

~~33634~~

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

REGISTERED AGENT MUST SIGN

Date 10-20-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-03 813-766-7976

CR2E040 (7/03)

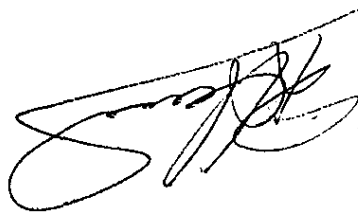
October 22, 2003

To whom it may concern :

This letter is to explain that this was the first notice I have received regarding this corporation and perhaps the reason why is because I no longer live at this address me and my wife are going through a divorce and I moved out from that address in January 2003, although she said that this was the first notice she received as well.

I wish that you accept this letter as my apology and apply the regular fee for my reinstatement of my corporation.

Sincerely,



Ramon Hernandez
President