

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -5 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

PO1000062409

1. Corporation Name

CAFETERIA EL SOL, CORP.

2. Principal Office Address

3397 NW 151st Terrace

Suite, Apt. #, etc.

#7

City & State

Opa Locka, Florida

Zip

33054-2462

Country

USA

3. Mailing Office Address

3397 NW 151st Terrace

Suite, Apt. #, etc.

#7

City & State

Opa Locka, Florida

Zip

33054-2462

Country

USA

REINSTATEMENT 02

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

5. FEI Number

☒ 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

Yudelkys Pena

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

3397 NW 151 st Terrace

Suite, Apt. #, Etc.

#7

City

Opa Locka

State

FL

Zip Code

33054-2462

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

Yudelkys Pena

REGISTERED AGENT MUST SIGN

Date 12-02-2002

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/D	Yudelkys Pena	3397 NW 151st Terrace #7	Opa Locka, Florida 33054-2462

AB 12/5

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)(l), 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:

Yudelkys Pena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-02-2002

Date

305-770-1819

Daytime Phone #

CR2E081 (9/01)