

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 NOV 24 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000083710

1. Corporation Name

TAQUERIA ELVIRA, INC.

Principal Place of Business

Mailing Address

3618 LANTANA RD #1  
LANTANA FL 33462

3618 LANTANA RD #1  
LANTANA FL 33462

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

6246 South Congress Ave. 1326 N. Dixie Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite H142

Suite 10

City & State

City & State

LANTANA, FL

LAKE WORTH, FL

Zip

Country

Zip

Country

33462

USA

33460

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/23/2001

5. FEI Number

65-1131470

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
D	OSORIO, VALENTIN	459 PENSACOLA DR	LANTANA FL 33462

100024984251  
11/24/03--01099--027 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OSORIO, VALENTIN  
3618 LANTANA RD #1  
LANTANA FL 33462

Name

VALENTIN OSORIO

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

1326 N. Dixie Hwy.

Suite, Apt. #, Etc.

Suite 10

City

LAKE WORTH

State

FL

Zip Code

33460

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

Valentin Osorio

Date

11/19/03

REGISTERED AGENT MUST SIGN

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:

Valentin Osorio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/03 (61) 547-4005

Date

Daytime Phone #

CR2E040 (7/03)