

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1 of 1

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 17 AM 8:37

DOCUMENT # P01000103376

1. Corporation Name

Restaurante El Unico Corp

100010196771
01/17/03--01075--001 **300.00

2. Principal Office Address

7635 NW 27 Avenue

3. Mailing Office Address

7635 NW 27 Avenue

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33147

Country

US

Zip

33147

Country

US

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

10/24/2002

5. FEI Number

NONE

☒ 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

Melvin J Martinez

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

921 East 47 Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33013

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

Melvin J Martinez
REGISTERED AGENT MUST SIGN

Date 01/12/2003

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
Pres	Carlos Murcia	2980 NW 79 Street B-239	Miami, FL 33147

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:

Carlos E Murcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/2003

Date

786-318-3357

Daytime Phone #

Pls Do Not Remove

R 2

Restaurante El Unico Corp.

January 14, 2003

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

I am the new owner of the enclosed Corporation # P01000103376. We did not receive the Uniform Business Report for the previous year. The previous owner told me that he had the corporation up to date. Therefore, we could not send in the payment for the previous year.

We are trying to resolve this and we are sending a reinstatement form with the payment. We apologize for any inconvenience this may have caused and hope we can have a quick resolution to this matter.

Thank you for your help in this matter

Sincerely,

Carlos Murcio

Carlos Murcio