

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000104155

1. Corporation Name

POLLOS LA CABANA, INC,

Principal Place of Business

8150 SOUTHWEST 163RD AVENUE
MIAMI FL 33193

Mailing Address

8150 SOUTHWEST 163RD AVENUE
MIAMI FL 33193

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

2. New Principal Office Address, If Applicable

13766 SW 84TH ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

13766 S.W. 84TH ST
Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33183

Country

Zip

33183

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/2001

5. FEI Number

065-1148933

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	BONILLA, JOSE A	8150 SOUTHWEST 163RD AVENUE	MIAMI FL 33193
SVD	BONILLA, REBECCA F	8150 SOUTHWEST 163RD AVENUE	MIAMI FL 33193

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name JOSE BONILLA
Street Address (P.O. Box Number is Not Acceptable)
13766 S.W. 84TH STREET
Suite, Apt. #, Etc.
City Miami
State FL Zip Code 33183

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

12/16/2022

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

12/16/2022

Date

Daytime Phone #

305-382-0603

CR2E040 (8/02)

December 20, 2002

Pollos la Cabaña, Inc.
13766 SW 84Th Street
MIAMI, FL 33183

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Dear Sir/Madam

As per your instruction over the telephone, I am sending you a check in the amount of \$150.00 for 2002 Uniform Business Report. As I explained to you, this is my first year renewing this corporation and I was not aware at the date line for filing the annual report.

I was under the erroneous impression that the corporate annual report was due on the anniversary of the filling day but if I have received this Annual Report to my new address which is 13766 SW 84Th Street, Miami, Fl 33183; I have noticed when is the real date to send this Annual Report back, but I never received it.

I would greatly appreciate your understanding on this matter.

Sincerely;



Rebeca Bonilla