

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03-UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 17 AM 9:07

DOCUMENT # P01000116895

1. Corporation Name

COMIDA TROPICAL INC.

500010196815
01/17/03--01075--002 **300.00

2. Principal Office Address

1399 N. MILITARY TR.

3. Mailing Office Address

1399 N. MILITARY TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

City & State

WEST PALM BEACH, FL.

Zip

33409

Country

USA

Zip

33409

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/01

5. FEI Number

65-1159588

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

HUGO BERNAL

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

11701 LOST TREE WAY

Suite, Apt. #, Etc.

City

NORTH PALM BEACH,

State
FL

Zip Code

33408

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

HUGO BERNAL

Date 1-15-03

REGISTERED AGENT MUST SIGN

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
PRESIDENT	HUGO BERNAL	11701 LOST TREE WAY	N. PALM BEACH, FL. 33408
SECRETARY V.P.	MARGARITA BERNAL	11701 LOST TREE WAY	N. PALM BEACH, FL. 33408

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:

HUGO BERNAL

HUGO BERNAL

1-15-03 561-624-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

1/21/02aw

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COMIDA TROPICAL INC.

HUGO BERNAL

1399 N.MILITARY TR.
WEST PALM BEACH,FL.33409

1/15/03

TO WHOM IT MAY CONCERN:

OUR CORPORATION WAS DISSOLVED RECENTLY AND HEREBY WE ARE APPLYING
FOR A REINSTATEMENT OF THE CORPORATION. WE WERE SURPRISE BY THIS BECAUSE WE
NEVER RECEIVED THE ORIGINAL RENEWAL FORM, THEREFORE, WE KINDLY REQUEST A
WAIVER OF THE REINSTATEMENT FEE. WE INCLUDE THE FEES FOR 2002 AND 2003.
MANY THANKS AND HAPPY NEW YEAR.

SINCERELY,



HUGO BERNAL

PRESIDENT.

561-624-1996