

PD 182

P.01/01

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 APR 19 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000117168

1. Corporation Name

Lacubita Restaurant Inc
1581 Brickell Ave #1607
Miami - Florida 33129

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

0304

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

30-0016957

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos Pages

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

1581 Brickell Ave #1607

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

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

REGISTERED AGENT MUST SIGN

Date

4-13-04

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
D.	Carlos Pages	1581 Brickell Ave #1607	Miami, FL 33129

500033451345
04/21/04 01560 024 ***500.00

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)(ii), 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

Date

4-13-04

Daytime Phone #

19232

Miami Florida
Dade County

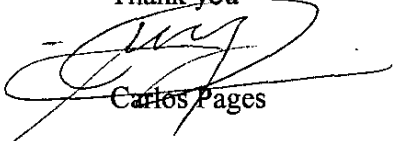
April 13, 2004

Division of Corporation
Tallahassee Florida 32314

Sr.

I never receive any paper in reference corporation annual renew I send a check with three hundred dollars please excuse me the penalty because is the first time I have business in U.S.A.

Thank you



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President