

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 28 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000006737

1. Corporation Name

T & R HOSPITALITY, INC.

2. Principal Office Address

6301 COLLINS AVENUE

Suite, Apt. #, etc.

#2103

City & State

MIAMI, FLORIDA

Zip

33134

Country

US

3. Mailing Office Address

6301 COLLINS AVENUE

Suite, Apt. #, etc.

#2103

City & State

MIAMI, FLORIDA

Zip

33134

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01 - 18 - 2002

5. FEI Number

75-2979523

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

RODRIGO MARTINEZ

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

6301 COLLINS AVENUE

Suite, Apt. #, Etc.

#2103

City

MIAMI

State

FL

Zip Code

33134

406041391564
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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

08/04/04

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	RODRIGO MARTINEZ	6301 COLLINS AVENUE, #2103	MIAMI, FL 33134
D	TIMOTHY ANDRIOLA	6301 COLLINS AVENUE, #2103	MIAMI, FL 33134

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)(l), 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

Daytime Phone #

08/04/04

2022

M. TACHIBANA, C.P.A., P.A.

MEMBER - AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS • FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

August 3, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**RE: T & R HOSPITALITY, INC. (P02000118858)
CORPORATION REINSTATMENT**

Dear Sir/Madam

My client, T & R Hospitality, Inc., has a change of address. Subsequently, they did not receive the Annual Report renewal notice for the past two years since 2003. They were also not aware of the Annual Report filing requirements until we informed them this year.

As such, we are now submitting the form for Corporation Reinstatement as well as a check for the amount of \$300 being the annual report fee for 2003 and 2004.

Please accept this payment and kindly process T & R Hospitality, Inc.'s request for reinstatement.

We greatly appreciate your kind understanding and cooperation in this matter.

Very Truly Yours,


M. Tachibana, C.P.A.

enc.