

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 11 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000020462

1. Corporation Name

TACO PALACE OF WEST PALM BEACH, INC.

Principal Place of Business

Mailing Address

2118 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

2118 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/2002

5. FEI Number

90 0008779

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
V. Pres	ROBIN DEBNATH	3966 TONNES CIR W PALM BCH FL 33409	
PRES	SUBODH C DEBNATH	3966 TONNES CIR W PALM BCH FL 33409	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEBNATH, ROBIN

1104 THE POINTE DR

WEST PALM BCH FL 33409

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

CR20040 (7/03)

TACO PALACE OF WEST PALM BEACH, INC
2118 Okeechobee Blvd
West Palm Beach, FL 33409
02000020462

15 October 2003

Florida Department of State
Glenda E Hood, Secretary of State
DIVISION OF CORPORATIONS
PO Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

This is the first notice we have received. The annual form was not received earlier this year. Enclosed is a check for \$150.00 for 2003.

Thank you,



Robin Debnath

cc: File
