

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P02000024302*

1. Corporation Name

Sandwiches by Busy, Inc.

2. Principal Office Address

9977 SW. 142nd Ave.

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33186

Country

U.S.A.

3. Mailing Office Address

9977 S.W. 142nd Ave.

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33186

Country

U.S.A.

FILED

04 FEB -6 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300029937123
03/05/04--01012--007 **150.00

4-07-03 90973 004 150⁰⁰

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2002

5. FEI Number

02-0579824

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

Rosalina Bonilla

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

14372 S.W. 101ST TERRACE.

Suite, Apt. #, Etc.

City

Miami Florida.

State
FL

Zip Code

33186

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

**Rosalina Bonilla*

Date

2/3/04

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
<i>STD</i>	<i>Rosalina Bonilla</i>	<i>14372 S.W. 101ST TERR</i>	<i>Miami, FL 33186</i>

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:

**Rosalina Bonilla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/04

Daytime Phone #

FEBRUARY 4TH, 2004

SANDWICHES BY ROSY
9977 S.W. 142ND AVENUE
MIAMI, FLORIDA 33186
FEIN # 73-1654339
-REF: ANNUAL REPORT

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS UNINTENTIONAL DUE TO THE FACT I NEVER RECEIVED THE ANNUAL REPORT FORM MISSING THE F.E.I.# 02-0579824. YOU COULD WAIVE THE LATE FEE FOR THE YEAR 2003, IT WOULD BE FINDLY APPRECIATED.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT MY ACCOUNTANT, LUIS QUINTANA AT (305) 854-6507, THANK YOU.

SINCERELY,

Rosalina Bonilla

ROSALINA BONILLA
PRESIDENT SANDWICHES BY ROSI

P/S ENCLOSED FIND MY CHECK FOR \$150.00 FOR THE PRESENT ANNUAL FEES. WE PAID 2003 ANNUAL REPORT WITH CHECK # 1070, SEE COPY ATTACHED.