

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 19 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050409

1. Corporation Name

Jessica's Mexican, Inc.

2. Principal Office Address

13876 SW 56th ST

Suite, Apt. #, etc.

#434

City & State

MIAMI, FL

Zip

33175

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT
CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Eugene Alvarez

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

13876 SW 56th ST

Suite, Apt. #, Etc.

#434

City

MIAMI

700074539577

05/12/06--01067--022 **208.75

700074539577

05/12/06--01067--021 **1000.00

State
FL

Zip Code

33175 6021

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

Eugenio Alvarez

REGISTERED AGENT MUST SIGN

Date

4/14/06

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 -	Eugene Alvarez	13876 SW 56 th ST #434	MIAMI, FL 33175
Secretary -	Jessica Carrillo	13876 SW 56 th ST #434	MIAMI, FL 33175

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 contained in Chapter 119, 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:

Eugenio Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/06

Daytime Phone #

305-519-2914