

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 22 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061878

1. Corporation Name

Sabor Latino, Inc

2. Principal Office Address

1107 S Collins ST

Suite, Apt. #, etc.

City & State

Plant City Florida

Zip
33563

Country
USA

3. Mailing Office Address

1107 S Collins St

Suite, Apt. #, etc.

City & State

Plant City Florida

Zip
33563

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/02

5. FEI Number

043699711

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

Rosalio Charrez

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

317 Amana Ave

Suite, Apt. #, Etc.

City

Brandon,

State
FL

Zip Code
33510

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

Rosalio Charrez

Date 11/16/04

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
P	Rosalio Charrez	317 Amana Ave	Brandon, FL 33510
VP	Alejandra Vasquez	317 Amana Ave	Brandon, FL 33510

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:

Rosalio Charrez

Rosalio Charrez Pres.

11/16/04

(813) 659-9340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)