

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000065795

1. Corporation Name

COZUMEL MEXICAN RESTAURANT, CORP.

Principal Place of Business

Mailing Address

1308 N FEDERAL HWY
POMPANO BEACH FL 33062

1308 N FEDERAL HWY
POMPANO BEACH FL 33062

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

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/2002

5. FEI Number

81-0556106

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	QUIROGA, DRIGELIO R	4133 EASTRIDGE CIR	POMPANO BEACH FL 33064

500024704385
11/14/03--01036--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPANO BEACH FL 33064

Name

DRIGELIO R. QUIROGA

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

4133 EASTRIDGE CIR

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

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

X

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/10/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03

Date

Daytime Phone #

CR2E040 (7/03)

BR

20f2

ALVARADO ACCOUNTING & TAX SERVICE INC
3475 SHERIDAN ST. STE. #210
HOLLYWOOD, FL 33021
PHONE (954)961-1880 * FAX (954) 961-7837

November 10, 2003

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Doc# P02000065795

Dear Gentlemen:

Enclosed is a money order for \$150 to cover the annual fee for Cozumel Mexican Restaurant, Inc. The reason for this late payment is that the owner never received the annual report. Also the owner was not aware of the annual filling requirement.

I will appreciate if you honor the above payment since this is the first time the owner is being incorporated, and he will make sure that this will not happen again.

Please consider this reasonable cause and accept the above payment as payment in full.

Thank you for your understanding and cooperation to this matter.

Sincerely,


Mariana Pelletier
Accountant