

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 16 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000087899

1. Corporation Name

TIERRA MIA RESTAURANT, INC.

2. Principal Office Address:

3535 N. PINE ISLAND RD

Suite, Apt. #: etc.

3. Mailing Office Address

Suite, Apt. #: etc.

City & State

SUNRISE

City & State

FLORIDA

Zip

33351

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

22-3865283

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:

SALAZAR LILIAN

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

7925 NW 12 ST STE 318

Suite, Apt. #: Etc:

City

MIAMI

State

FL

Zip Code

33126

700038021247

06/16/04--01060--007 **900.00

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:

REGISTERED AGENT MUST SIGN

Date

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
DPTS	SALAZAR, LILIAN	3535 N. PINE ISLAND RD	SUNRISE, FL 33351

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/29/04 (954) 741-1888

Date

Daytime Phone #

CR2001 (01/04)