

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 14 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000121562**

1. Corporation Name

AZTECA RESTAURANTS, INC

Principal Place of Business

Mailing Address

2502 W COLUMBUS DRIVE
TAMPA FL 33607

2502 W COLUMBUS DRIVE
TAMPA FL 33607

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JAIME, JUAN M	2502 W. COLUMBUS DR	TAMPA FL 33607
VP	CABRERA, ARTEMIO	2502 W COLUMBUS DR	TAMPA FL 33607

700023771107
10/14/03--01014--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAIME, JUAN M
2502 W COLUMBUS DR
TAMPA FL 33607

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/8/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/03

CH2E040 (7/03)

**AZTECA RESTAURANTS,
INC**

2502 w Columbus Dr
Tampa, FL 33607

October 9, 2003

**Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Re: Annual Report Fees

**Per our conversation I am enclosing \$150.00 for the Annual report.
This is the first year we need to pay these fees. My prior UBR Notices
were not received.**

Thank you, for your services.



**Juan M. Jaime
President**