

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 25 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130252

1. Corporation Name

COR RESTAURANT INC

REINSTATEMENT 03-04

2. Principal Office Address

468 ARTHUR GODFREY RD

Suite, Apt. #, etc.

3. Mailing Office Address

468 ARTHUR GODFREY RD

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

Zip

33140

Country

U.S.A.

City & State

MIAMI BEACH FL

Zip

33140

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

DEC. 11, 2002

5. FEI Number

020658833

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

OSCAR J. LINARES

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

5601 COLLINS AVE.

Suite, Apt. #, Etc.

APT 616

City

MIAMI BEACH

State

FL

Zip Code

33140

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

3/19/04

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	Pedro L. OSORIO	5830 PINETREE	MIAMI BEACH FL 33140
V/C	OSCAR J. LINARES	5601 COLLINS AVE. APT 616	MIAMI BEACH FL 33140

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

OSCAR J. LINARES

Date

3/19/04

Daytime Phone #

CR2ED081 (10/02)

MIAMI BEACH, FLORIDA, MARCH 19, 2004

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RE : CORPORATION REINSTATEMENT.

I , OSCAR LINARES , AS A REGISTERED OFFICER OF  
COR RESTAURANT INC. DOCUMENT # P02000130252  
APPLY FOR THE CORPORATION TO BE REINSTATED.

I DID NOT RECEIVED THE ANNUAL REPORT 2003 FORM  
WHICH WAS RETURNED TO YOUR DEPARTMENT BY THE  
POST OFFICE DUE TO INCORRECT ADDRESS.

I ALSO INCLUDE THE PROPER REINSTATEMENT FEES.

THANK YOU.



OSCAR J. LINARES