

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000068137

1. Corporation Name

RIO CRISTAL RESTAURANT & CAFE, INC.

2. Principal Office Address - No P.O. Box #

10760 SW 136TH COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33176

Country

USA

3. Mailing Office Address

9790 SW 24TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33165

Country

USA

7. Name and Address of Current Registered Agent

Name

YISHAI HAYDELSTIEN

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

9501 SW 147TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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 07/17/07

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	AMIR NAJI	9790 SW 24TH STREET	MIAMI, FLORIDA
SVP/S/D	YISHAI HAYDELSTIEN	9790 SW 24TH STREET	MIAMI, FLORIDA
VP	CARMEN ESTER FLORIAN	9790 SW 24TH STREET	MIAMI, FLORIDA
T	JESUS AMADO	9790 SW 24TH STREET	MIAMI, FLORIDA
AT	ROLANDO PORTOCARRERO	9790 SW 24TH STREET	MIAMI, FLORIDA
AS	WILLIAM PRAZUELA	9790 SW 24TH STREET	MIAMI, FLORIDA

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 contained in Chapter 119, 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 COPIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/07  
Date

305-971-6101

Daytime Phone #

FILED

07 JUL 20 PM 12:31

STATE  
REINSTATEMENT, FLORIDA

000106545150  
07/23/07--01001--008 \*\*\*1243.75

REINSTATEMENT 04-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/2003

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.