

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000106222

1. Entity Name  
LA PLAYA LATIN CAFE, INC.



Principal Place of Business  
7438 COLLINS AVE.  
MIAMI BCH, FL 33141

Mailing Address  
7438 COLLINS AVE.  
MIAMI BCH, FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09232005

REIN-P

CR2E098 (6/04)

4. FEI Number

75-3131432

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAYAS, ARIEL  
625 75TH ST., #3  
MIAMI BCH, FL 33141

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/23/05

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME HERNANDEZ, MIRIAM G  
STREET ADDRESS 5900 S.W. 109TH AVE.  
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Change ☐ Addition  
NAME **REINSTATEMENT**  
STREET ADDRESS 04-05  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-05 865-9256

Date

Daytime Phone #

M. Williams SEP 26 2005

Charter Number Only

VALIDATION ONLY

9/23

ARIEL ZAYAS

Requestor's Name  
625 75 Street #3

Address  
Miami Beach, FL 33141

City State ZIP Phone  
(305) 867-5011

CORPORATION(S) NAME

LA PLAYA LATIN CAFE, INC.

# P03000106222

05 SEP 26 AM 10:54  
RECEIVED  
STATE OF FLORIDA  
CORPORATIONS

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Profit                   | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                            |
| <input type="checkbox"/> NonProfit                | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                              |
| <input type="checkbox"/> Foreign                  | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> Limited Partnership      | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent        |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies    | <input checked="" type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy           | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem                   |
| <input checked="" type="checkbox"/> Walk In       | <input type="checkbox"/> Will Wait       | <input type="checkbox"/> After 4:30                        |
| <input checked="" type="checkbox"/> Pick-Up       | <input type="checkbox"/> Mail Out        |  |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W P Verifier

Empire Toll Free: 1-800-432-3028