

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 APR 16 AM 10:16

DOCUMENT # P04000013672

1. Corporation Name

MENCIA'S RESTAURANT, INC.

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

205 WEST MAIN STREET

3. Mailing Office Address

PO BOX 1648

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

IMMOKALEE, FL

City & State

IMMOKALEE, FL

Zip

34142

Country

USA

Zip

34143

Country

USA

400229488774
04/16/12--01037--001 **1093.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 20, 2004

5. FEI Number

050596479

☐ 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

JUAN ACEVEDO

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

205 WEST MAIN STREET

Suite, Apt. #, Etc.

City

IMMOKALEE

State

FL

Zip Code

34142

REINSTATEMENT

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 4/9/2012

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	MENCIA R. ACEVEDO	710 OAK STREET	FAIRLAWN, NJ 07410
VP/S/T	JUAN ACEVEDO	PO BOX 1648	IMMOKALEE, FL 34143

10. E-mail Address:

shadiaashmane@hotmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2012

Date

954-553-4366

Daytime Phone #