

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

05 NOV 21 AM 10:05

DOCUMENT # P04000021268

1. Corporation Name

TOMASA RESTAURANT INC.
166 S. SEMORAN BLVD.
ORLANDO, FL 32807

2. Principal Office Address

166 S. SEMORAN BLVD

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32807

Country

U.S.

3. Mailing Office Address

166 S. SEMORAN BLVD.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32807

Country

U.S.

REINSTATEMENT 05

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1/29/04

5. FEI Number

20-0675443

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 G. DELGADO

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

166 S. SEMORAN BLVD.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32807

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

X *Juan G. Delgado*
REGISTERED AGENT MUST SIGN

Date

11-15-05

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
PSD	JUAN G. DELGADO	166 S. SEMORAN BLVD.	ORLANDO/FL/32807
VT	LORENA N. DELGADO	166 S. SEMORAN BLVD.	ORLANDO/FL/32807

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11/21/05--01042--001 **150.00

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:

X *Juan G. Delgado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-05 (407) 435-8519
Date Daytime Phone #

20/2

November 17, 2005

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear: Sirs

We are sending you this payment and at the same time voice our apology to you for not having it paid sooner. We started our business this past year and incorporated on January 29, 2004. It came as quite a shock and surprise to us that we had to pay \$150.00 for the renewal of our company since we never received any letter or information from you. Please note our new address and other information you require. Please accept the enclosed and adjust the records accordingly. Should you have any question, you may give me a call at 407-435-8519. Thank you.

Sincerely,

Juan G. Delgado
President
Tomas Restaurant, Inc.
Doc# P04000021268