

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000055439

1. Corporation Name

Sabor Cubano INC

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

12848 SW 8th St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33184

Country

USA

3. Mailing Office Address

12848 SW 8th St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33184

Country

000354848630
11/05/20--01015--020 **1085.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/2004

5. FEI Number

51-0506192

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

Lazaro Rodriguez

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

12848 SW 8th St.

Suite, Apt. # Etc.

City

Miami

State

FL

Zip Code

33184

DEC 15 2020

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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

Lazaro Rodriguez

REGISTERED AGENT MUST SIGN

Date 10/31/20

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	Lazaro Rodriguez	12848 SW 8 th St.	Miami, FL 33184

REINSTATEMENT

2018-2020

10. E-mail Address: A+Plus@live.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 re-statement 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:

Lazaro Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/20

Date

Daytime Phone #