

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000066931

1. Corporation Name

RESTAURANT BROKERS OF SOUTH FLORIDA, INC

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

7181 SW 8TH ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33144

Country

USA

3. Mailing Office Address

7181 SW 8TH ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33144

Country

USA

7. Name and Address of Current Registered Agent

Name
OMAR J. MORILLO

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

7181 SW 8TH ST

Suite, Apt. #, Etc.

City
MIAMI

State

FL

Zip Code

33144

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 **04-27-07**

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
PD	PEDRO J. FERNANDEZ	7181 SW 8TH ST	MIAMI FL 33144
VP	OMAR J. MORILLO	7181 SW 8TH ST	MIAMI FL 33144
TS	DIANA A. FERNANDEZ	7181 SW 8TH ST	MIAMI FL 33144

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-07

Date

Daytime Phone #

FILED

07 APR 30 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900102644319
05/16/07--01037--002 **450.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/2004

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.