


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

103

|   |   |         |  |   |  |   |  |
|---|---|---------|--|---|--|---|--|
| <b>DOCUMENT # P04000153864</b><br>1. Entity Name<br><b>LA RAZA BAR &amp; RESTAURANT, INC.</b>   |   |         |  |    |  | <b>FILED</b><br>05 OCT 20 PM 8:26<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br>7100 S. DIXIE HWY.<br>WEST PALM BEACH, FL 33405  |   |         |  | Mailing Address<br>7100 S. DIXIE HWY.<br>WEST PALM BEACH, FL 33405  |  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |         |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |   |  |
| City & State  |   |         |  | City & State  |  |   |  |
| Zip   |   | Country |  | Zip   |  | Country   |  |
| 4. FEI Number<br><b>11-3733140</b>  |   |         |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> Not Applicable   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ARIAS, ROSARIO</b><br><b>2783 10TH AVENUE NORTH #202</b><br><b>PALM SPRINGS, FL 33461</b>   |   |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |         |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2006, Fee will be \$300.00</b>  |   |         |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>ARIAS, ROSARIO</b> <input type="checkbox"/> Delete<br><b>2783 10TH AVENUE NORTH #202</b><br><b>PALM SPRINGS, FL 33461</b> |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>400060820164</b><br><b>10/20/05--01042--003 **150.00</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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. |   |         |  |   |  |   |  |
| <b>SIGNATURE: <u>Rosario Arias ROSARIO ARIAS</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |         |  | <b>10/17/05 (561) 905-0998</b><br><small>Date Daytime Phone #</small>   |  |   |  |

2052

October 18, 2005

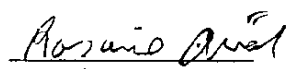
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: LA RAZA BAR & RESTAURANT, INC.  
P04000153864  
Reinstatement

To Whom It May Concern:

Enclosed find check for \$150.00 to pay for the 2005 Annual Report. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,

  
Rosario Arias