

112

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000020343

1. Entity Name
LAS HAMACAS RESTAURANT, INC.



07 NOV - 5 10:30

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10325 HAMMOCKS BLVD
MIAMI, FL 33196

Mailing Address
10325 HAMMOCKS BLVD
MIAMI, FL 33196



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09172007

REIN-P

CR2E098 (1/07)

City & State

City & State

4. FEI Number

20-2337991

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VELASCO, EUGENIO
16130 SW 111 TER
MIAMI, FL 33196

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
TOMASSELLI, HERNAN
14976 SW 110 TERRACE
MIAMI, FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
800111639228
11/02/07--01031--005 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

112

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Leon Egozi & Assoc., P.A.

Certified Public Accountants

2999 Northeast 191st Street, Suite 240
Aventura, Florida 33180

Phone: (305) 937-2664
Fax: (305) 937-5019
legozi@egozicpa.com

September 17, 2007

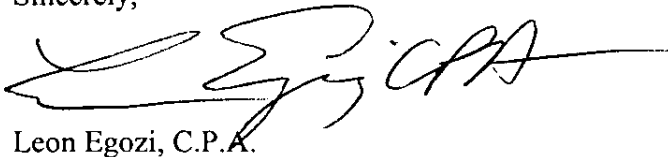
Florida Dept. of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, FL 32314

Re: Las Hamacas Restaurant, Inc., #P05000020343

Gentlemen:

Mr. Velasco, the registered agent of the company, has been out of the country on business and just arrived to receive notice of intent to dissolve this company. Please waive any late charges. Enclosed is the payment of \$150 for their 2007 annual report.

Sincerely,



Leon Egozi, C.P.A.

LE/sbe

enc