

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05000155501**

1. Corporation Name

ALLICIO KITCHENS, Inc

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

14525 NW 60 AVE

Suite, Apt. #, etc.

Bay A

City & State

MIAMI LAKES

Zip

33014

Country

FL USA

3. Mailing Office Address

14525 NW 60 AVE

Suite, Apt. #, etc.

Bay A

City & State

MIAMI LAKES

Zip

33014

Country

FL USA

7. Name and Address of Current Registered Agent

Name

MANUEL BETANCOURT

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

14525 NW 60 AVE

Suite, Apt. #, Etc.

Bay A.

City

MIAMI LAKES

State

FL

Zip Code

33014

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

12/6/07

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
D	MANUEL BETANCOURT	14525 NW 60 AVE	MIAMI LAKES, FL 33014
D	ELLIOT BETANCOURT	14525 NW 60 AVE	MIAMI LAKES, FL 33014

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

Date

12/6/07 (305) 216-0816

Daytime Phone #

FILED

07 DEC 11 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300113043803
12/11/07--01045--005 **300.00

REINSTATEMENT 06-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/23/05

5. FEI Number

04-3834733

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status