

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000137698

1. Corporation Name

LA Roca Bar & Grill Inc

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

2665 NE Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

2665 NE Dixie Hwy

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

Zip

34957

Country

Martin

Zip

34957

Country

Martin

7. Name and Address of Current Registered Agent

Name

Aurelio Salgado

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

5499 SE Celestial Circle

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

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

Aurelio Salgado

REGISTERED AGENT MUST SIGN

Date 4-21-2010

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	Aurelio Salgado	5499 SE Celestial Circle	Stuart / FL / 34997

10. E-mail Address: arcoiresca@aol.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 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. 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.

SIGNATURE:

Aurelio Salgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-2010

Daytime Phone #

FILED

10 APR 26 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000177720210
04/26/10--01059--019 **1050.75
REINSTATEMENT (4/10) 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

10-31-2006

5. FEI Number

20-5813216

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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.