

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD8000044993**

1. Corporation Name

COPACABANA Cuban Cafe, INC

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

320 Dora Dowdy Way
Suite, Apt. #, etc.

City & State

MT DORA Florida

Zip

32757

Country

USA

3. Mailing Office Address

PO Box 484
Suite, Apt. #, etc.

City & State

Mouthrie GA

Zip

31776

Country

USA

REINSTATEMENT

200180412592

05/05/10--01036--004 **300.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5-5-08

5. FEI Number

26-3475240

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

7. Name and Address of Current Registered Agent

Name

Antonio Reyes

Street Address (P.O. Box Numbers Not Acceptable)

2600 Westside Dr

Suite, Apt. #, Etc.

City

Leesburg, FL 34748

State

FL

Zip Code

34748

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.

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

Antonio Reyes

REGISTERED AGENT MUST SIGN

Date **4-29-10**

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
Pres	Antonio Reyes	2600 Westside Dr	Leesburg, FL 34748
Trea	Alberto PANACA	7070 Song Drive	Cocoa, FL 32927
Sec	Gullermina R De Torres	411 Lewis St.	Leesburg FL 34748

**M. MILLIGAN
EXAMINER**

MAY - 7 2010

10. E-mail Address: **mbrzeman@mouthrie.ga.net**

(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: **Antonio Reyes** **Antonio Reyes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-10 2299852753

Date

Daytime Phone #