

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV -2 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000094339

1. Corporation Name

EL MESON DE CASTILLA DE LA MANCHA CORP.

2. Principal Office Address - No P.O. Box #
1180 SW 57 AVENUE

Suite, Apt. #, etc.

City & State
WEST MIAMI, FL

Zip
33144

Country

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 11/18/2010

5. FEI Number

☒ 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
CARLOS M. GONZALEZ - QUEVEDO

Street Address (P.O. Box Number is Not Acceptable)
1180 SW 57 AVENUE

Suite, Apt. #, Etc.

City
WEST MIAMI

State
FL

Zip Code
33144

100213910231
11/02/11--01025--017 **750.00

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

Date

REGISTERED AGENT MUST SIGN

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/D	CARLOS M. GONZALEZ - QUEVEDO	1180 SW 57 AVENUE	WEST MIAMI, FL 33144

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:

CARLOS M. GONZALEZ - QUEVEDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #