PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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VALDE	Z, JOLI						
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Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip	
and Street Addresse				is must list at le	ast 3 directors)		
gent JU	o (/a/			nd docept the o		Date 03/19/2014	
OTTE	red agent of the abo	ve named corporation, a	FL 34	753			
, Etc.			State	Zin Code	90 03/27/	1 02583 05 /140100200	5649 1 **1000.00
Street Address (P.O. Box Number is Not Acceptable) 560 INDIA CIR					900258305649 03/27/1401002002 ***50.00		
		34711			CERTIFICAT	TE OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status
CLERMONT, FL			CLERMONT, FL			ər	X Applied For Not Applicable
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110 W US HWY 50 11			10 W US HWY 50		. CR2E081 (11/10)		
				ORP			
1. Corporation Name					SECRETARY OF STATE FALLAHASSEE, FLORIDA		
DOCUMENT # P11000069253					14 MAR 27 AH 8: 20		
PORATION STATEMENT		Secret	ary of State				E D
	MENT # O'S ME Office Address - No V US H etc RMONT SEZ, JULIC SES (P.O. Box Numbo DIA CIR Tetc OTTE ppointed the register gent full office Office	MENT # P110000699 MENT # P110000699 O'S MEXICAN F Office Address - No P.O. Box # V US HWY 50 etc RMONT, FL Country USA Name and Address of EZ, JULIO C ass (P.O. Box Number is Not Acceptable) DIA CIR Tetc. OTTE ppointed the registered agent of the about gent /// Officers and/or Directors	MENT # P11000069253 MENT # P11000069253 O'S MEXICAN RESTAUR Office Address - No P.O. Box # 3. Mailing Office Add 110 W U Suite, Apt. #, etc. City & State CLERM CLERM CLERM CLERM CLERM CLERM Address of Current Registered Age EZ, JULIO C SS (P'O. Box Number is Not Acceptable) DIA CIR Tetc. OTTE ppointed the registered agent of the above named corporation, a REGISTERED AGENT MU REGISTERED AGENT MU Name of Officers and/or Director (Florida non Officers and/or Directors	Secretary of State DIVISION OF CORPORATIO MENT # P11000069253 ON Name O'S MEXICAN RESTAURANT CONTICE Address 110 W US HW Office Address - No P.O. Box # 110 W US HW Betc Suite, Apt. #, etc. City & State CLERMONT, FL Cuntry USA 7. Name and Address of Current Registered Agent EZ, JULIO C SS (P.O. Box Number is Not Acceptable) DIA CIR PETC. OTTE Provinted the registered agent of the above named corporation, am familiar with a gent REGISTERED AGENT MUST SIGN Name of Officers and/or Directors Name of Officers and/or Directors Street A Officer as and/or Directors Street A Officer as and/or Directors Street A Officer and/or Directors Street A Officer and/or Directors	Secretary of State DIVISION OF CORPORATIONS MENT # P11000069253 ON NAME O'S MEXICAN RESTAURANT CORP Office Address - No P.O. Box # 3. Mailing Office Address V US HWY 50 Suite, Apt. #, etc. City & State CLERMONT, FL Country USA 7. Name and Address of Current Registered Agent EZ, JULIO C Sig (P.O. Box Number is Not Acceptable) DIA CIR Tetc. OTTE Province Address of Each Officer and/or Director (Florida nonprofit corporations must list at leter of the state of the sta	Secretary of State DIVISION OF CORPORATIONS MENT # P11000069253 On Name O'S MEXICAN RESTAURANT CORP Office Address - No P.O. Box # 3. Mailing Office Address V US HWY 50 110 W US HWY 50 Suite, Apt. #, etc. 4. Date Incorn To Do Bus BOR02/2011 CLERMONT, FL CLERMONT, FL COUNTY 1 USA 7. Name and Address of Current Registered Agent EZ, JULIO C SS(P'O. Box Number is Not Acceptable) DIA CIR OTTE DIA CIR State Zip Code DIA CIR OTTE PL State Address of Each Officer and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors	Secretary of State DIVISION OF CORPORATIONS WENT # P11000069253 14 MAR 27 SECRETARY TALLAHASSE D'S MEXICAN RESTAURANT CORP Office Address - No P.O. Box #

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(To be used for future annual report notification)

SIGNATURE:

LEO JOJULO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/2014 Date

Daytime Phone #