

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11000069253

1. Corporation Name

JULIO'S MEXICAN RESTAURANT CORP

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

110 W US HWY 50

Suite, Apt. #, etc.

3. Mailing Office Address

110 W US HWY 50

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

Zip

34711

Country

USA

Zip

34711

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
08/02/2011

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

VALDEZ, JULIO C

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

560 INDIA CIR

Suite, Apt. #, Etc.

City

MASCOTTE

State

FL

Zip Code

34753

900258305649
03/27/14--01002--002 **50.00

900258305649
03/27/14--01002--001 **1000.00

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

REGISTERED AGENT MUST SIGN

Date **03/19/2014**

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	VALDEZ, JULIO C	560 INDIA CIR	MASCOTTE, FL 34753

REINSTATEMENT

MAR 27 2014

R. HUNT

10. E-mail Address:

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/2014

Date

Daytime Phone #