

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000092336

**FILED**  
**Jun 06, 2014**  
**Secretary of State**

**Entity Name:** TAPA THAT RESTAURANT CORP

**Current Principal Place of Business:**

820 LOMAX ST  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

820 LOMAX ST  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 45-3648736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COUTU, MYRNA  
820 LOMAX ST  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MYRNA COUTU

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COUTU, ARIELLE  
**Address:** 4333 CHARLESTON LANE  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** SV  
**Name:** COUTU, MYRNA  
**Address:** 4333 CHARLESTON LANE  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** SV  
**Name:** COUTU, MICHAEL  
**Address:** 4333 CHARLESTON LANE  
**City-St-Zip:** JACKSONVILLE, FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MYRNA COUTU

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

06/06/2014

\_\_\_\_\_  
Date