PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000000828**

1. Corporation Name

SUPREME CHICKEN OF BEACON CENTER, INC.

Principal Place of Business

Mailing Address

646 SIERRA CIRCLE CORAL GABLES FL 33156

SIGNATURE:

646 SIERRA CIRCLE CORAL GABLES FL 33156 FILED

01 DEC 31 PM 1: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Daytime Phone #

BOLANOS, JOSE A 2121 PONCE DE LEON BLVD SUITE 1035 CORAL GABLES FL 33134 Signature of Registered Agent REGISTERED AGENT MUST SIGN O *****750.00 *****750.00 *****750.00 *****750.00 *****750.00 *****750.00 ******750.00 ******750.00 ******750.00 ******750.00 ******750.00 ******750.00 ******750.00 ******750.00 *******750.00 *********************************	If above a	addresses are	incorrect in any way, line t	hrough incorrect i	nformation a	nd enter correction below.					
Site Applied For Not Applied F							Date Incorporated or Qualified To Do Business in Florida				
City & State City & State Country Site Address of Each Officer and/or Director Coral Gables FL 33156 Coral Gables FL	Suite, Apt.	#, etc.		Suite, Apt. #	, etc.						
Superince Supe			and the same of th	City & State			0E 0404000-			+ ''	
Zip Country Centricate of Status Desired The Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Name of Officers and/or Director	City & State	ıe		City a State			6	00.040 1000			
Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip P ESTEVEZ, ANTONIO 646 SIERRA CIRCLE CORAL GABLES FL 33156 VP GARCIA, WILFREDO SR 646 SIERRA CIRCLE CORAL GABLES FL T GARCIA, WILFREDO SR 646 SIERRA CIRCLE CORAL GABLES FL BOLANOS, JOSE A 2121 PONCE DE LEON BLVD SUITE 1035 CORAL GABLES FL 33134 Sireet Address of Po. Box Number is Not Acceptable) Sireet Address of Po. Box Number is Not Acceptable) Sireet Address of Section 697 0505, F.S. Signature of Registered Agent Pagestered Agent Date REGISTERED AGENT MUST SIGN	Zip		Country	Zip		Country		OF STATUS DESIRED	□ \$8.7 fo	Addit ra Cert	ional Fee required ificate of Status
Title (a) 2 and/or Directors 3 Officer and/or Director 4 City State 7.2p P ESTEVEZ, ANTONIO 646 SIERRA CIRCLE CORAL GABLES FL 33156 VP GARCIA, WILFREDO SR 646 SIERRA CIRCLE CORAL GABLES FL T GARCIA, WILFREDO SR 646 SIERRA CIRCLE CORAL GABLES FL CORAL GABLES FL 33156 CORAL GABLES FL 33156 CORAL GABLES FL 33156 CORAL GABLES FL 33156 Signet Address of New Registered Agent Name Sireel Address (P.O. Box Number is Not Acceptable) Sulfe 1035 CORAL GABLES FL Signature of Registered Agent Agent with and accept the obligations of Section 607 0505, F.S. Signature of Registered Agent	7. Names	and Street Add	dresses of Each Officer an	d/or Director (Flo	orida nonprol	it corporations must list at l	least 3 directors)				
VP GARCIA, WILFREDO SR 646 SIERRA CIRCLE CORAL GABLES FL T GARCIA, WILFREDO SR 646 SIERRA CIRCLE CORAL GABLES FL 33156 BOLANOS, JOSE A 2121 PONCE DE LEON BLVD SUITE 1035 CORAL GABLES FL 33134 Signature of Registered Agent Registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date CORAL GABLES FL 33156 SIERRA CIRCLE SIERRA CIRCLE CORAL GABLES FL 33156 SIERRA CIRCLE SIERRA CIRCLE CORAL GABLES FL 33156 SIERRA CIRCLE CORAL GABLES FL 33156 SIERRA CIRCLE CORAL GABLES FL 33156 SIERRA CIRCLE SIER		2			3			4	City / Sta	te / Zip	
T GARCIA, WILFREDO SR 646 SIERRA CIRCLE CORAL GABLES FL 33156 300004 155 283 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P	ESTEVEZ, ANTONIO				RA CIRCLE		CORAL GABLES FL 33156			
8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suitte 1035 CORAL GABLES FL 33134 City State FL Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.	VP	GARCIA, WILFREDO SR			646 SIERRA CIRCLE			CORAL GABLES F	L		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name BOLANOS, JOSE A 2121 PONCE DE LEON BLVD SUITE 1035 CORAL GABLES FL 33134 State Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 10.1, being appointed the registered Agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.	T ·	GARCIA, WILFREDO SR			646 SIERRA CIRCLE			CORAL GABLES FL 33156			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suffe 1035 CORAL GABLES FL 33134 City State Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN Date			·					-01/10/	02(3106:	836 9013 **750_00_
BOLANOS, JOSE A 2121 PONCE DE LEON BLVD SUITE 1035 CORAL GABLES FL 33134 City State FL Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN		ļ				RESSI			77 10	<u> </u>	
BOLANOS, JOSE A 2121 PONCE DE LEON BLVD SUITE 1035 CORAL GABLES FL 33134 City State Zip Code FL Signature of Registered Agent REGISTERED AGENT MUST SIGN Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Date		8. Nam	e and Address of Currer	nt Registered Age	Name and Address of New Registered Agent						
City City State FL Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN		NOS, JOSE A					(P.O. Box Number	is Not Acceptable)	* ·		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date	SUITE	1035		Suite, Apt. #, E	Suite, Apt. #, Etc.						
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Registered Agent Date Projection Date	10. I, being	g appointed the	e registered agent of the a	bove named corp	oration, am f	amiliar with and accept the	obligations of Sect	ion 607.0505, F.S.	·		
44 Leadify that Law and financial discrete with a region of transport of the configuration on provided for in absorber 607 at 617 E.C. Livethou continues a file of the configuration of the continues of the cont	Signature o	of Agent	Jose Al	DOJUNIOS. REGISTERED AG	ENT MUST	SIGN		Date	/18]	bj	
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	11. I certify	that I am an c	officer or director or the rec	eiver or trustee e	mpowered to	execute this application as	s provided for in cha	apter 607 or 617, F.S. I	further	ertify th	nat when filing

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.