

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY -9 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001075

1. Entity Name
DON RAMON III, RESTAURANT, INC.



Principal Place of Business

2220 E OCEAN BLVD
STUART, FL 34994

Mailing Address

2220 E OCEAN BLVD
STUART, FL 34994

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

502 N. Military Trail

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33415

Country

U.S.A.



REINSTATEMENT 04-05

4. FEI Number

65-0377816

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILARINO, FELISA
4000 HOLLYWOOD BLVD
710 N TOWER
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

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

721 Hunter Street

City

West Palm Beach

FL

Zip Code

33405

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME VILARINO, FELISA
STREET ADDRESS 721 HUNTER ST
CITY-ST-ZIP W PALM BCH, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME 400054683984
STREET ADDRESS 05/17/05--01057--020
CITY-ST-ZIP **300.00

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/2005

Date

Daytime Phone #

DON RAMON III, RESTAURANT, INC.

502 NORTH MILITARY TRAIL
WEST PALM BEACH, FLORIDA 33415

Via Express Mail

April 28, 2005

Secretary of State
Divisions of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Don Ramon III Restaurant, Inc.

Dear Sir/Madame:

Enclosed please find the corporation Uniform Business Report for the year 2004 and 2005, together with our check in the amount of \$300.00 in order to reinstate the corporation.

We did not receive the notification of the renewal, and therefore we did not file the Uniform Business Report for the year 2004, and the corporation was dissolved. I would appreciate that you re-instate this corporation at your earliest possible convenience.

If there is a problem getting this done, please do not hesitate to contact me at the office number.

Thank you for your anticipated cooperation in this matter.

Very truly yours,

FELISA VILARINO

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Enclosure: Report and \$300.00