

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 MAR 24 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 94000082407

1. Corporation Name
RESTAURANT MANAGEMENT
CONSULTANTS INC.

Principal Place of Business Mailing Address
10220 NW 80 AVE.
HIALEAH GARDENS FL. 33016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/07/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0550453	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SIR	EDUARDO CHAVEZ	8401 SW 107 AVE #120 E	MIAMI FL 33173
			000002469870--6
			03/26/98 01107-021
			****600.00 ****600.00

REINSTATEMENT 95-98 182 3/24/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
EDUARDO CHAVEZ 8401 SW 107 AVE #120 E MIAMI FL. 33173		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		000002469870--6 -03/26/98-01107-022 ****600 FL ****600.00	

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 _____ Date 3/20/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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., that all fees 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.

SIGNATURE: _____ 3/20/98 (305) 556-3566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #