

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 30 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 094000089793

1. Corporation Name

Gordos Restaurant Inc

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

1907 W Pensacola St

3. Mailing Office Address

1790 MARSTON PL

Suite, Apt. #, etc

TALLAHASSEE FL

Suite, Apt. #, etc

City & State

FL

City & State

TALLAHASSEE FL

Zip

32304

Country

LEON

Zip

32308

Country

LEON

REINSTATEMENT

CR2E081 (11/09)

09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650560570

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

ALBERTO E AGRAMONTE

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

1790 MARSTON PL

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-30-09

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	Alberto E AGRAMONTE	1790 MARSTON PL	TALLAHASSEE FL

600164070786
12/31/09--01002--001 **150.00

10. E-mail Address: granjete @ Embargo Mail.Com

(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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-09

Date

Daytime Phone #

850 251-7793