

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR RESTATEMENT

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

DOCUMENT # 895 00000 4941

1. Corporation Name 2urdoor restaurant delivery and marketing, Inc

Principal Place of Business 7915 Pines Blvd Pembroke Pines, FL 33024

Mailing Address 1221 SW 143 Ave Miami, FL 33184

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/95	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0560661	
Country		Country		Applied For	
		Broward		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED	
				\$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
President	Nestor Miranda	1221 SW 143 Ave	Miami, FL 33184
Secretary	Luis VASALLO	1281 SW 143 Ave	Miami, FL 33184

Dissolution removed due to clerical error.

5/15/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Nestor Miranda 1221 SW 143 Ave Miami, FL 33184	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	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: [Signature]

REGISTERED AGENT MUST SIGN

Date: 5-12-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-12-97

Daytime Phone #: 954 438-6325

CR2E040 (12/96)