

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000053233

1. Corporation Name

MESON MADRID OF BOCA RATON, INC.

Principal Place of Business

Mailing Address

2000 NW 19TH ST.  
BOCA RATON FL 33431

2000 NW 19TH ST.  
BOCA RATON FL 33431

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

309 VIA DE PALMAS  
Suite, Apt. #, etc.

P.O. Box 1947  
Suite, Apt. #, etc.

#90  
City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

Zip  
33432  
Country  
USA

Zip  
33429  
Country  
USA

4. Date incorporated or Qualified  
To Do Business in Florida

07/11/1995

5. FEI Number

65-0594003

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LEON, RAYMOND	6846 VIA REGINA	BOCA RATON FL 33433
TD	CASTRO, BENNY	6846 VIA REGINA	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Street

Suite

City

Spoke to Rep.  
in your office.  
Due to CH. of  
ADDRESS DIDN'T  
RECEIVE NORMAL  
NOTICES... WAS  
ADVISED TO SEND  
CHECK FOR \$150  
RAY LEON PR

10. I, being appointed the registered agent of the above named corporation, am familiar with and

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (801)