

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 26 PM 12:59

DOCUMENT # P95000053636

1. Corporation Name

HOMARO RESTAURANT COMPANY

2. Principal Office Address

15000 Collins Avenue

3. Mailing Office Address

11631 S.W. 127th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami, FL

Zip

33160

Country

USA

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0595250

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03-04
REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

MANUELA GRAELLS

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

11631 S.W. 127th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

REGISTERED AGENT MUST SIGN

Date

8/20/04

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
D	MANUELA GRAELLS	11631 S.W. 127th Street	Miami, FL 33176
D	VERONICA RODE	11631 S.W. 127th Street	Miami, FL 33176

800040592448
08/27/04--01076--012 **300.00

10. 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

8/20/04

Daytime Phone #

8/26/04

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HOMARO RESTAURANT COMPANY.
15000 COLLINS AVENUE
MIAMI BEACH, FL 33160

Doc. #P95000053636

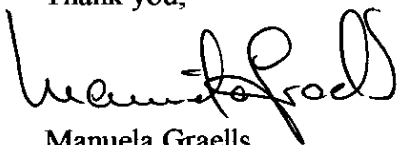
August 20, 2004

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report form for my corporation for the year 2003 and 2004. I tried renewing it by the Internet but it would not allow me to. Therefore, I have not been able to renew my corporation. I've called several times requesting it, and every time the response was, we will send you as soon as possible. Last week I spoke to one of your representative and I was instructed to send a reinstatement form along with a letter explaining what had happened. They also told me to include a check for \$300.00. I'm sending everything to your office the way I was told by one of your representative. If you need further information regarding this matter please, do not hesitate to contact me at your earliest convenience.

Thank you,



Manuela Graells
President