

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 APR 26 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088376

1. Corporation Name

TEQUILA SUNRISE MEXICAN CAFE, INC.

Principal Place of Business

Mailing Address

4711 N. DIXIE HWY  
OAKLAND PARK FL 33334  
US

4711 N. DIXIE HWY  
OAKLAND PARK FL 33334  
US

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

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0624226

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PVST	JORDAN, JAMES D	4794 NE 17 TERR	OAKLAND PARK FL 33334
DS	JORDAN, JAMES D	4794 NE 17 TERR	OAKLAND PARK FL 33334
VP	<del>MORGAN, JOHN M</del> Delete	<del>1400 NE 57TH ST #303</del>	<del>FT. LAUDERDALE FL</del>
			000004275700--5 -05/22/01--01029--019 ****900.00 ****900.00 LS

8. Name and Address of Current Registered Agent

JORDAN, JAMES D  
4794 NE 17 TERR  
OAKLAND PARK FL 33334

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

*J. Jordan Pres.*

REGISTERED AGENT MUST SIGN

Date

4/17/01

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

4/17/01  
Date

954  
938-4473  
Daytime Phone #

CF2E040 (8/00)