PLEASE READ ALL INSTRUCTI ONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPAF TMENT OF STATE Kather ne Harris

Secreta y of State

DIVISION OF CORPORATIONS

DOCUMENT

P95000088376

1. Corporation Name

TEQUILA SUNRISE MEXICAN CAFE, INC.

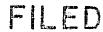
SIGNATURE AND TYPED OR PRI

Principal Place of Business

Mailing Address

4711 N. DIXIE HWY

4711 N. DIXIE HWY



01 APR 26 PM 1:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

) (100)000; (100)0100 01010 01011 01011 01011 01011 01011 01011 01011 01011 01011 01011 01011 01011 01011 0101

OAKLAND PARK FL 33334 US			OAKLAND I US	OAKLAND PARK FL 33334 US					
If above	addresses are	incorrect in any way, line	through incorrect i	nformation ar	I enter correction below.	EINST	ATEMENT	·()()-()[
If above addresses are incorrect in any way, line through incorr New Principal Office Address, If Applicable 3. New				ing Office Add	ess, if Applicable		orated or Qualified less in Florida	11/16/1995	
Suite, Apt. #, etc. Suite,				, etc.		5. FEI Number		Applied For	
City & State			City & State				65-0624226 Not Applicable 6.		
Zip Country		Zip		Country	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 (Flo				orida nonprofi	corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director		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 -MORGAN, JOHN M Delete				1400-NE	57TH ST #303		~FT. LAUDERDALE ↑ L		
				0000042757005 -05/22/0101029019					
							****900.00	****900.00	
<u> </u>									
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
•					Name §				
JORDAN, JAMES D					Street Address (P.O. Box Number is Not Acceptable)				
4794 NE 17 TERR) W				
OAKLAND PARK FL 33334					Suite, Apt. #, Etc.				
					City		Stat FL	e Zip Code	
10. I, being Signature of Registered	of V	> DA	bove named corp	No.	riliar with and accept the of	bligations of Section	Date	<u> </u>	
this reir owed b	istatement app y the corporati	plication, the reason for dis ion have been paid and th	solution has been e names of individ	i eliminated, th luals listed on	⇒ corporate name satisfies	the requirements an exemption und	pter 607 or 617, F.S. I furthe of section 607.0401 or 617.0 er section 119.07(3)(i), F.S.	0401, F.S., that all fees	

ED NAME OF SIGNING OFFIC :R OR DIRECTOR