## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine State

DIVISION OF CORPORATIONS

## DOCUMENT # **P96000009908**

1. Corporation Name

LA DUENA CUBAN RESTAURANT, INC.

Principal Place of Business

Mailing Address

4590 WEST 12TH AVENUE

4590 WEST 12TH AVENUE

HIALEAH FL 33012

FILED

02 FEB - 1 PM 12: 48

TALLAHASSEE, FLORIDA

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If above add	resses are incorrect in any way, line t	hrough incorrect	information and ent	er correction below	REINS	TATEMEN	01-02	
			ling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida			
Suite, Apt. #, etc. Si		Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Number Applied For			
City & State		City & State	City & State		-	65-0644209	Not Applicable	
Zip	Country	_Zip	Cou	ntry	— 6. <del>→ CERTIFICATI</del>	SOF STATUS DESIDED-	8.75 Additional Fee required for a Certificate of Status	
7. Names and	Street Addresses of Each Officer an	d/or Director (Fi	orida nonprofit corp	orations must list at l	east 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
PSTD GONZALEZ, GUILLERMO			4590 WEST 12	TH AVENUE		HIALEAH FL 33012		
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			,		5	0000491 -02/13/02- ****900.0		
		·				j	LS	
8: Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
GONZALEZ, GUILLERMO				Name				
4590 WEST 12TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH.	FL 33012			Suite, Apt. #, Et	lc		<del>-</del> - • · <del></del>	
<del>-</del> - <del>-</del>				City		Sta	te = Zip Code	
IO. I, being ap	pointed the registered agent of the ab	ove named corp	oration, am familiar	with and accept the	obligations of Secti			

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 of Registered Agent

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

1-12-02 305824960