

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS



REINSTATEMENT

97 DEC 15 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000042573

1. Corporation Name

La Dominica Restaurant, Inc.

Principal Place of Business

Mailing Address

11710 N.W. S. River Drive #108
Medley, FL. 33178

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0668020

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Juana Angeles	6997 W. 24 Lane	Hialeah, FL. 33016
S.T	Jose M. Rodriguez	2911 S.W. 98 Ave	Miami, FL. 33165

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****165.00 ****165.00

G. Alaw
12/15/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Wilfred Perez
9500 N.W. 77 Ave B-4
Hialeah Gds, FL. 33016

Name

Juana Angeles

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

6997 W. 24 Lane

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33016

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

X Juana Angeles

REGISTERED AGENT MUST SIGN

Date December 3, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

X Juana Angeles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/97 (305) 889-2041
Date Daytime Phone #

CR2040 (12/96)

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DECEMBER 3, 1997

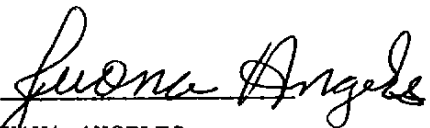
TO: REINSTATEMENT SECTION

RE: LA DOMINICA RESTAURANT, INC.
10710 NW SOUTH RIVER DR. #108
MEDLEY, FL. 33178

TO WHOM IT MAY CONCERN,

THE FOLLOWING LETTER IS IN REFERENCE TO MY 1997 ANNUAL REPORT.
I, JUANA ANGELES, WAS ON AN EMERGENCY TRIP TO SANTO DOMINGO, DOMINICAN
REPUBLIC DUE TO AN ILLNESS IN THE FAMILY. BECAUSE OF THIS UNEXPECTED
DELAY, I WAS NOT ABLE TO MAKE THE FILING DEADLINE IN TIME. I
RESPECTFULLY REQUEST THAT MY REINSTATEMENT ANNUAL REPORT BE ACCEPTED
ALONG WITH MY CHECK FOR \$165.00 TO COVER THE FEE.

SINCERELY,


JUANA ANGELES