

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000067448

1. Corporation Name

SANDS CAFE CORPORATION

Principal Place of Business

2798 West 72nd Place
Hialeah, FL 33016

Mailing Address

2798 West 72nd Place
Hialeah, FL 33016

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

2. New Principal Office Address, If Applicable

8586 S.W. 8th Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8586 S.W. 8th Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33144

Country

USA

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/96

5. FEI Number

65-0701324

Applied For

Not Applicable

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
PTSD	RUIZ, MARIA E	8586 S.W. 8th Street	Miami, FL 33144
			100002679861--0
			-11/04/98--01028--022
			*****0.25 *****0.25
			100002679861--0
			-11/04/98--01028--021
			*****758.50 *****758.50

8. Name and Address of Current Registered Agent

RUIZ, MARIA E
2798 W 72nd Place
Hialeah, FL 33016

9. Name and Address of New Registered Agent

Name

RUIZ, MARIA E

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

8586 S.W. 8th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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

REGISTERED AGENT MUST SIGN

Date 10/29/98

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:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA E. RUIZ

Date

Daytime Phone #

10/29/98 (305)267-8244

REINSTATEMENT

FILED

98 NOV -2 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (1/2/96)