

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION  
FOR  
REINSTATEMENT



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

AND  
FILED

01 NOV -9 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000076243

1. Corporation Name

CHICHI'S HOLDINGS CORP.

Principal Place of Business

Mailing Address

1699 CORAL WAY  
SUITE 510  
MIAMI FL 33145

1699 CORAL WAY  
SUITE 510  
MIAMI FL 33145

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/1996

5. FEI Number

65-0695123

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

P

MARTINEZ-CID, RITA M

1699 CORAL WAY STE 512

MIAMI FL 33145

200004698442--1  
-11/29/01--01052--013  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINEZ-CID, RICARDO  
1699 CORAL WAY  
SUITE 510  
MIAMI FL 33145

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/6/2001

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 REQUIRED  
RITA M. MARTINEZ-CID, PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/01 (305) 859-7494

CR2E040 (8/01)

2012

Rita M. Martinez-Cid  
ACCOUNTANT AND TAX PRACTITIONER  
1699 Coral Way Ste. 512  
Miami, Florida 33145  
Telephone: (305) 859-7494  
Facsimile: (305) 858-2513

November 6, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: CHICHI'S HOLDINGS CORP.

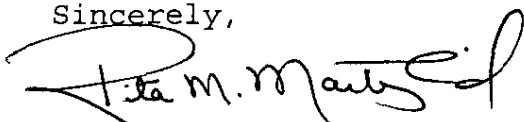
To Whom It Might Concern:

Enclosed please find a check paying for Annual Report for the year 2001. A form for this year was not received by my clients, that is the reason why it wasn't filed. Our postman after doing our route for so many years was changed and we had new people since then causing all kinds of problems, losing our mail, leaving our mail in other offices in the building, including our bills. The reinstatement form was left at another office in the same building.

Since this is the first time for this company being late and taking into account the fact that the owners do not reside in the States, which makes it very difficult for them to keep up with our laws and regulations, I request and sincerely hope that you will waive the penalties for them.

As always, I thank you in advance for your cooperation in this matter.

Sincerely,



Rita M. Martinez-Cid  
Accountant

rmc