

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 # **P96 0000 76727**

1. Corporation Name

**TEQUILA OF SOUTH BEACH, INC.**  
**W99-4020**

Principal Place of Business

**18046 Samba Ln**

**BOCA RATON, FL 33496**

Mailing Address

**18046 Samba Ln**

**BOCA RATON, FL 33496**

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

2. New Principal Office Address, If Applicable

**1355 Alton Rd**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**1355 Alton Rd**

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FL**

Zip **33139**

Country **USA**

City & State

**MIAMI BEACH**

Zip **33139**

Country **USA**

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	David Ospino	18046 Samba Ln	Boca Raton, FL 33496
VP/S/D	Jose Ospino	42-30 Hampton St.	Queens, NY 11373

8. Name and Address of Current Registered Agent

**DAVID OSPINO**  
**18046 Samba Ln**  
**BOCA RATON, FL 33496**

9. Name and Address of New Registered Agent

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

**David Ospino**

REGISTERED AGENT MUST SIGN

Date

**2/15/99**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

**David Ospino**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/99** (305) 672-5634  
Date Payline Phone #

FILED

99 FEB 19 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-99  
188/99  
2/19/99

4. Date Incorporated or Qualified To Do Business in Florida

**9/13/96**

5. FEI Number

**65-0721561**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status