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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 APR 27 PM 4:38

DOCUMENT # P96000042944

REINSTATEMENT 00-01

1. Corporation Name
Rocio, Restaurant and Cafeteria, Inc

2. Principal Office Address	3. Mailing Office Address
1144 SW 8th St	1144 SW 8th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami FL
Zip: 33130 Country: Miami-Dade	Zip: 33130 Country: Miami Dade

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0704715 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Bracamonte Ismenia
Street Address (P.O. Box Number is Not Acceptable): 1144 SW 8th St.
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33130

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Ismenia Bracamonte Date:

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRT.	Bracamonte, Ismenia	1144 SW 8th St	Miami FL 33130

10. 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: Ismenia Bracamonte 4/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

ROCIO, RESTAURANT AND CAFETERIA, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75

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