

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102558

1. Corporation Name

DOWN TOWN FOOD SERVICES "GIACOMO", INC.

Principal Place of Business

Mailing Address

100 SOUTH MIAMI AVENUE.. SUITE 5
MIAMI FL 33130

100 SOUTH MIAMI AVENUE.. SUITE 5
MIAMI FL 33130

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

REINSTATEMENT 0.3

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1996

5. FEI Number

65-0717825

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 3	City / State / Zip 4
PD	ELIZONDO, ALFREDO	100 S MIAMI AVENUE, #5	MIAMI FL 33130
SD	CARDENAS, DAVID Delete.	100 S MIAMI AVENUE, #5	MIAMI FL 33130
TD	PALOMINCO, JULIO	100 S MIAMI AVENUE, #5	MIAMI FL 33130
			400024517774 11/07/03--01079--024 **600.00
			400024517774 11/26/03--01007--010 **150.00

8. Name and Address of Current Registered Agent

HOFFMAN, CORY F
3250 MARY STREET
#303
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name
Alfredo A. ELIZONDO
Street Address (P.O. Box Number is Not Acceptable)
100 S Miami Ave #5
Suite, Apt. #, Etc.
#5
City
Miami
State
FL
Zip Code
33130

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-23-03

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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-
10/23/03 377-1672

CR2040 (7/03)