

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 20 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102983

1. Corporation Name

LOS NOPALES RESTAURANT, INC.

2. Principal Office Address - No P.O. Box #

326 SW 17TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

326 SW 17TH AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33135

Country

USA

Zip

33135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1996

5. FEI Number

650721488

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

MARTHA I RODRIGUEZ

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

326 SW 17TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Martha I. Rodriguez

REGISTERED AGENT MUST SIGN

Date 04-13-2010

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
PD	MARTHA I RODRIGUEZ	326 SW 17TH AVE	MIAMI, FL 33135

10. E-mail Address: N/A

(To be used for future annual report notification)

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. I further certify, 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:

Martha I Rodriguez

MARTHA I RODRIGUEZ

04-13-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/10