

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

AND
FILED

01 JAN 19 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010464

1. Corporation Name

CHATO'S CAFE RESTAURANT, INC.

2. Principal Office Address

2917 NW 7th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33125

Country

3. Mailing Office Address

8502 NW 198th St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33015

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0736198

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

Jose G Torres CPA

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

8502 NW 198th Ter.

Suite, Apt. #, Etc.

City

Miami,

State
FL

Zip Code
33015

REINSTATEMENT

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

REGISTERED AGENT MUST SIGN

Date **01-14-01**

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	Genaro Suarez	1255 SW 6 STREET	Miami, FL 33135

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-01
Date

305-644-8887
Daytime Phone #

CR2E081 (9/99)