

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

097060035228

1. Corporation Name

La Fiesta II Mexican Restaurant of Bay County, Inc.

Principal Place of Business

Mailing Address

1010 W. 15th Street
Panama City, FL 32401

1010 W. 15th Street
Panama City, FL 32401

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

2. New Principal Office Address, If Applicable
Same as above

3. New Mailing Office Address, If Applicable
Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1997

5. FEI Number

59-3443487

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Fidel Galvan	1010 W. 15th Street	Panama City, FL 32401
			7000003448097--3
			-11/02/00--01006--025
			***1050.00 ***1050.00

REINSTATEMENT 98-00 TS

8. Name and Address of Current Registered Agent

Norma Galvan
1010 W. 15th Street
Panama City, FL 32401

9. Name and Address of New Registered Agent

Name

Audel Galvan

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

1010 W. 15th Street

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/17/00

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:

Fidel Galvan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00

Daytime Phone #

CH2E040 (1/98)