

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

03 APR 29 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000067851

1. Corporation Name

RANCHO GRANDE MEXICAN
RESTAURANT INC.

2. Principal Office Address

2701 46ST SW

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

Country

34116

COLLIER

3. Mailing Office Address

21859 Golden Gate Pkwy

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

Country

34116

COLLIER

300009745993
12/30/02--01097--001 **\$750.00
REINSTATEMENT 02-03

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

5. FEI Number

59-3460148

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

ANDRES MARTINEZ

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

2701 46ST SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

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

Andres Martinez

REGISTERED AGENT MUST SIGN

Date 12-23-2002

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
Precident	<u>Andres Martinez</u>	<u>2701 46ST SW</u>	<u>NAPLES FL 34116</u>
Vice.	<u>Apolito Martinez</u>	<u>2701 46ST SW</u>	<u>NAPLES FL 34116</u>
Treasurer	<u>Teresa Martinez</u>	<u>2701 46ST SW</u>	<u>NAPLES FL 34116</u>

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:

Andres Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-2002

Date

Daytime Phone #

CR2E081 (9/01)