

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000073556

1. Corporation Name

MARGARITA'S GRILL, INC.

Principal Place of Business

583 S. Chickasaw Trail  
Orlando, FL 32825

Mailing Address

583 S. Chickasaw Trail  
Orlando, FL 32825

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/1997

5. FEI Number

59-346-6006

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Eduardo Hinojosa	583 S. Chickasaw Trail	Orlando, FL 32825

100003406611--7  
-09/27/00--01057--025  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

Richard D. Baxter  
5405 Diplomat Circle, Suite 201  
Orlando, FL 32810

9. Name and Address of New Registered Agent

Name

Eduardo Hinojosa

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

583 S. CHICKASAW TRAIL

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

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 AgentEduardo Hinojosa  
REGISTERED AGENT MUST SIGN

Date 8-16-00

11. This corporation owes 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:

Eduardo Hinojosa  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #