

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 JAN 16 AM 10:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000076902

1. Corporation Name

LA TABERNA OF CORAL GABLES, INC.

Principal Place of Business

Mailing Address

3850 SW 8TH STREET CORAL GABLES FL 33134

3850 SW 8TH STREET CORAL GABLES FL 33134



REINSTATEMENT

00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

65-0779108

Applied For

Not Applicable

Zip

Country

Zip

Country

33126

U.S.A.

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include VP BECERRILL, ROSA A; P/Tr Alberto Ruiz Jimenez; Sec. Juan E. Valdes.

700003576597-6 01/26/01 01060 001 ***750.00 LS*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BECERRILL, ROSA 3850 SW 8TH STREET CORAL GABLES FL 33134

Name

Alberto Ruiz Jimenez

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

3850 S.W. 8th St.

Suite, Apt. #, Etc.

City

Coral Gables,

State

FL

Zip Code

33134

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 REQUIRED REGISTERED AGENT MUST SIGN

Date

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)