

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000078555**

1. Corporation Name

LOLITA'S CAFE, INC.

Principal Place of Business

300 SW 107TH AVENUE
MIAMI FL 33174

Mailing Address

300 SW 107TH AVENUE
MIAMI FL 33174

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 & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1997

5. FEI Number

65-0780143

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	4 City / State / Zip
PSD	MARQUEZ, JOSE	11323 S.W. 147TH COURT	MIAMI FL 33196

8. Name and Address of Current Registered Agent

MARQUEZ, JOSE
300 SW 107TH AVENUE
MIAMI FL 33174

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 **NOV 03 1999**

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:

Jose Marquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 03 1999

Date

305-606-0107

Daytime Phone #

05/04/99 90054 025 15875

CR25040 (8/99)

LOLITA'S CAFE

**300 SW 107 AV. No. 109
MIAMI FL. 33174**

November 9, 1999

2

TO WHOM MAY CONCERN:

REF. DOCUMENT No. P97000078555

THE FOLLOWING LETTER IS BEEN SEND BACK TO YOU
BECAUSE WE NEVER GOT THE ORIGINAL THRU THE MAIL HERE IS A COPY
WITH THE SIGNATURE THAT YOU ARE MISSING ON SECTION 11.
IF YOU HAVE ANY QUESTIONS PLEASE GIVE ME A CALL AT (305) 386 5903

Jose Marquez
SINCERELY YOURS
JOSE MARQUEZ