

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 18 AM 10:08

DOCUMENT # **PA7000079551**

1. Corporation Name **Morelia Fine Mexican Dining Inc.**

**W00000024185**

2. Principal Office Address:  
**1400 Village Square Blvd**

Suite, Apt. #, etc.

**35**

City & State  
**Tallahassee, FL**

Zip

**32312**

Country

**US**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 98.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**Sept 12, 97**

5. FEI Number **59-3469357**

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

**Norma A. Galvan**

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

**2051 Raymond Diehl Rd**

Suite, Apt. #, etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32308**

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

**Norma A. Galvan**

Date

**7-19-00**

REGISTERED AGENT MUST SIGN

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
President	<b>Fidel O. Galvan</b>	<b>1057 W 12th St P.O. Box 32401</b>	<b>Tall, FL 32308</b>
Treasurer	<b>Jesus Galvan</b>	<b>2051 Raymond Diehl Rd Apt A Tall, FL 32308</b>	<b>Tall, FL 32308</b>
Vice Pres.	<b>Norma A. Galvan</b>	<b>2051 Raymond Diehl Rd Apt A Tall, FL 32308</b>	<b>Tall, FL 32308</b>
Secretary			

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:

**Norma A. Galvan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7-19-00**

Daytime Phone #

**850-212-0107**