

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082483

1. Corporation Name

El Colonial Restaurant, Inc

Principal Place of Business

Mailing Address

1017 N. Federal Hwy
Lake Park, FL 33403

SAME

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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

9/22/97

5. FEI Number

65-0783645

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Andrea Gomez	1017 N. Federal Hwy	Lake Park, FL 33403

B. 5/14/99 9899AR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State Zip Code
FL

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

Andrea Gomez

REGISTERED AGENT MUST SIGN

Date

4/23/99

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)(b), 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:

Andrea Gomez / Andrea Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

(561)882-1762

Telephone Number

CH2591-12-98

2

April 16, 1999

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dear Sir, Madam

As our conversation earlier, please be advised that since I open my corporation on 09/22/97 I have never receive a bill or a certification indicating that I have to pay every year a fee.

This is my first business and I did not know. Otherwise I would have paid this fee. My only source of income is provided by this corporation.

Enclosed please find a check in the amount of \$300.00 to reinstate my corporation, and please mail me a form for 1999.

I appreciate your help in this matter.

Sincerely,

Andrea Gomez

ANDREA GOMEZ
PRESIDENT

EL COLONIAL RESTAURANTE inc
P97000082483