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PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPROVED  
AND  
FILED

05 MAR '21 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000086870

1. Corporation Name

Tres Amigos Mexicanos Corp

REINSTATEMENT 04-05

MRD

2. Principal Office Address

1025 NW 20 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1025 NW 20 STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33127

Country

USA

Zip

33127

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-08-1997

5. FEI Number

65-0786096

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

ARIEL SANCHEZ

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

1025 NW 20 STREET

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33127

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

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
P/S/D	ARIEL Sanchez	1025 NW 20 ST MIAMI FL 33127	

200049936872  
04/09/05--01087--010 \*\*300.00

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/31/04

Daytime Phone #

CR2E081 (01/04)

292

DIVISION OF CORPORATIONS

RE: TRES AMIGOS MEXICANOS CORP

2004AR

DOC # P97000086870

REINSTATEMENT REQUEST


To Whom It May Concern:

WE REQUEST CONSIDERATION OF REINSTATEMENT AND WAIVING REINSTATEMENT FEE  
BASED ON REASOANBLE CAUSE.

WE CERTIFY THE PRIOR NOTICES WERE NOT RECEIVED BY US CONSEQUENTLY WE  
REQUEST REINSTATEMENT AND THE \$600 REINSTATEMENT FEE BE WAIVED.

THANK YOU FOR YOUR ATTENTION

SINCERELY,

  
ARIEL SANCHEZ, PRESIDENT

11/16/04