


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000101050			
1. Corporation Name EL BATEY RESTAURANT, INC.			
Principal Place of Business 4001 SW 59TH AVE. HOLLYWOOD FL 33024		Mailing Address 4001 SW 59TH AVE. HOLLYWOOD FL 33024	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable E1 BATEY Suite, Apt. #, etc. 2100 N UNIVERSITY City & State Pembroke Pines FL Zip 33024		3. New Mailing Office Address, If Applicable 2100 N UNIVERSITY Suite, Apt. #, etc. Pembroke Pines City & State 33024 FL Zip 33024	
4. Date Incorporated or Qualified To Do Business in Florida 11/26/1997		5. FEI Number 65-0845324	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	ANSELMO CERDEÑO	6116 SW 21ST MIRAMAR FL 33023	
8. Name and Address of Current Registered Agent RAMIREZ, DENISE A 11340 NW 22 ST. PLANTATION FL 33323		9. Name and Address of New Registered Agent Name ANSELMO CERDEÑO Street Address (P.O. Box Number is Not Acceptable) 6116 SW 21ST Suite, Apt. #, Etc. MIRAMAR City 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 Anselmo Cerdeno REGISTERED AGENT MUST SIGN		Date 3-2-99	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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)(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: Anselmo Cerdeno SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-2-99 Daytime Phone # (954) 430-0409	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

11/26/1997

65-0845324

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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***300.00 ***300.00

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