

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
02 JUL 17 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000101688

1. Corporation Name

La gondola RESTAURANT INC

400006529884--2

-07/19/02--01050--013

****900.00 ****900.00

REINSTATEMENT 01-02

2. Principal Office Address

6306 LAKE SHORE

Suite, Apt. #, etc.

DRIVE

City & State

MARGATE FL

Zip
33063

Country U.S.A.
~~BROWARD~~

3. Mailing Office Address

1027 N STATE

Suite, Apt. #, etc.

ROAD 7.

City & State

MARGATE FL

Zip
33063

Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01-01-1997

5. FEI Number

650811966-061912

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

FLORENTINO ESTRADA

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

6306 LAKE SHORE DR MARGATE FL

Suite, Apt. #, Etc.

City

MARGATE

State
FL

Zip Code

33063

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

REGISTERED AGENT MUST SIGN

Date

7-14-02

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

Florentino
ESTRADA

6306 LAKE SHORE DR

MARGATE FL
33063

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:

Florentino ESTRADA-7-14-02-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)