

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 27 AM 10:47

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000000556

1. Corporation Name

ISLA DORADA RESTAURANT INC.

2. Principal Office Address

48 E Finglen St

Suite, Apt. #, etc.

# 35

City & State

MIAMI FLA

Zip

33131

Country

MIAMI-DADP

3. Mailing Office Address

1710 SW 35th

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33145

Country

MIAMI-DADP

4. Date Incorporated or Qualified  
To Do Business in Florida

1-5-98

5. FEI Number

650806467

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

MARIA D. COELHO

300003491539--8

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

1710 SW 35th

-12/08/00-01034-002

\*\*\*300.00 \*\*\*300.00

Suite, Apt. #, Etc.

City

MIAMI - FLA

State

FL

Zip Code

33145

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

Date

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
PD	MARIA D. COELHO	1710 SW 35th MIA. FLA	
VP	JOSE P COELHO	1710 SW 35th - MIA - FLA	

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:

*Chau-Jos Coelho*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-00

Date

Daytime Phone #

Pg 2 ②  
P98-556

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLA.

DEAR SIR, AS PER OUR TELEPHONE CONVERSATION I AM HEREBY  
REQUESTING THE PENALTY TO REINSTATE OUR CORPORATION

THE REASON FOR NOT FILING WAS THAT WE CHANGED OUR ADDRESS  
AND NOTIFIED YOU BUT EVIDENTLY YOU NEVER RECEIVED THE  
NOTIFICATION OF CHANGE OF ADDRESS.

ENCLOSED FIND A CHECK IN THE AMOUNT OF \$300.00 TO COVER THE  
RENEWALS PERIOD OF THE YEARS 1999 AND 2000

SINCERELY,

*Maria Coelho*

MARIA COELHO  
PRESIDENT

ISLA DORADA RESTAURANT INC.  
#P98000000556