

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUL -5 PM 5: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P98000008459

1. Corporation Name

MI HABANA CAFE, INC.

Principal Place of Business  
6500 SW 40 St.  
Miami, FL. 33155

Mailing Address  
6500 SW 40 St.  
Miami, FL. 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

same as above

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

same as above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/27/98

5. FEI Number

65-0810162

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

SP

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P/S/T	Rodriguez, Arnaldo	6740 SW 134 Ave.	Miami, FL. 33183

100003334841--7

-07/25/00--01047--002

\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

Rodriguez, Arnaldo  
13766 SW 84 St.  
Miami, FL. 33183

9. Name and Address of New Registered Agent

Name

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

6500 SW 40 St.  
Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33155

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

ARNALDO RODRIGUEZ

REGISTERED AGENT MUST SIGN

Date

6-29-2000

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)(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Arnaldo Rodriguez

06/15/00

Date

305-666-8782

Daytime Phone #

CR2E081 (12/98)