

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 APR -3 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00-03 UBR

200015284782  
04/03/03--01025--028 \*\*\$600.00

DOCUMENT # (65-0835733)  
1. Corporation Name P980000042961  
BASTIAN POLLOS INC.

2. Principal Office Address  
5677 W. FLAGLER ST.

Suite, Apt. #, etc.

City & State  
MIAMI - FL.

Zip 33134 Country

3. Mailing Office Address  
5677 W. FLAGLER ST.

Suite, Apt. #, etc.

City & State  
MIAMI - FL.

Zip 33134 Country

4. Date Incorporated or Qualified  
To Do Business in Florida MAY. 11-1998

5. FEI Number 65-0835733  
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 MARIO ANDAUR.

Street Address (P.O. Box Number is Not Acceptable)  
5677 W. FLAGLER ST.

Suite, Apt. #, Etc.

City MIAMI

State FL Zip Code 33134

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 03-19-03

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
P	MARIO ANDAUR.	5677 W. FLAGLER ST.	MIAMI/FL/33134

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIO ANDAUR. 03-19-03 (305) 267-0030

TO: DIVISION OF CORPORATIONS

2/22

FROM THE YEAR 2000,  
I DON'T RECEIVE THE FORM,  
BECAUSE THE DIVISION OF  
CORPORATIONS, PUT THE ADDRESS  
INCORRECT.

MY REAL ADDRESS IT IS:

5677. W. FLAGLER ST.  
MIAMI FL. 33134.

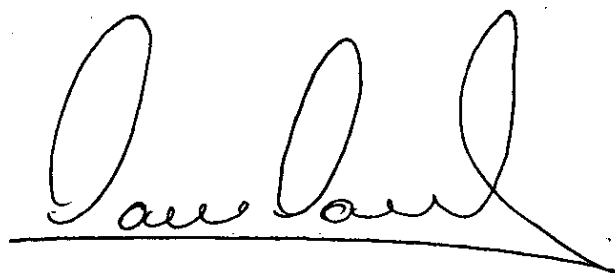
(I DON'T HAVE SUITE #)

I'M GOING SEND CHECK OF:

\$ 600.-

THANK YOU.

MARIO ANDRADA.



03-19-03.-