

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000061337

1. Corporation Name

EL TORO MEXICAN FOOD & CANTINA, INC.

Principal Place of Business

1602 SE FEDERAL HWY
STUART FL 34994

Mailing Address

1602 SE FEDERAL HWY
STUART FL 34994

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1998

5. FEI Number

65-0853751

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MARTINEZ, NESTOR	1641 SWEETWOOD DR	MELBOURNE FL 32935
VP	JESSEMAN, WILLIAM	626 ROSSMOOR CIR	MELBOURNE FL 32940

8. Name and Address of Current Registered Agent

MARTINEZ, NESTOR
1641 SWEETWOOD DR.
MELBOURNE FL 32935

9. Name and Address of New Registered Agent

Name

PAUL A BOUVIER

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

3210 N WICKHAM RD

Suite, Apt. #, Etc.

SUITE 5

City

MELBOURNE

State

FL

Zip Code

32935

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. or 617.0505, F.S.

Signature of
Registered Agent

Paul A Bouvier
REGISTERED AGENT MUST SIGN

Date

11/12/02

11. 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:

William Jesseman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-12-02

Daytime Phone #

CR2E040 (8/02)