

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE
	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 AM 9:37

DOCUMENT # P98000065613

1. Corporation Name

Casa Salsa, Inc.

Principal Place of Business

Mailing Address

524 Ocean Dr.

524 Ocean Dr.

Miami Beach, FL 33139

Miami Beach, FL 33139

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00

4. Date Incorporated or Qualified To Do Business in Florida July 27, 1998

5. FEI Number

65-0862054

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	Benítez-Gorbea, Manuel	16249 S.W. 82nd St.	Miami, FL 33193
D/VP	Benítez-Gorbea, Rafael	1052 Ashford Ave.	San Juan, PR 00908
D/S	Muñiz, Pedro	Suite 125 Call Box 2000	Canóvanas, PR 00729
D/T	Sierra, Luis	2nd St., Lot 13 Metro Office Park	Guaynabo, PR 00968
			200003433732--7
			10/20/00-01065-010
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

Herrera, José M., Esq.

8550 W. Flagler St.

Suite 103

Miami, FL 33144

9. Name and Address of New Registered Agent

Name Manuel BENITEZ

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

524 OCEAN Dr.

Suite, Apt. #, Etc.

Miami Beach, FL.

City

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date 10/9/2000

11. This corporation owes or has paid 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 name 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:

Manuel Benítez-Gorbea

10/9/2000

305-604-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #