## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT #

P98000066034

1. Corporation Name

TEQUILA SUNRISE MEXICAN CANTINA, INC.

Principal Place of Business

Mailing Address

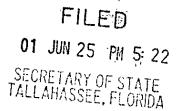
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR P

4535 N. PINE ISLAND RD SUNRISE FL 33351

4535 N. PINE ISLAND RD

SUNRISE FL 33351





	duresses are incorrect in try way, fille ti						
4794			ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     07/28/1998		
Suite, Apt. #, etc.  Suite, Apt. #,  City & State  City & State			10 " ('		5. FEI Numbe	E EELNissehee	
					65-0964127		Applied For Not Applicable
Zip Country Zip 33			2334 Country USA		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addresses of Each Officer and	d/or Director (Flo	rida nonprofit con	porations must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		sh .	City / State / Zip		
Р	JORDAN, JIM		4794 N.E. 17	TH TERRACE		OAKLAND PARK FL 33:	334
			: *		6000044619868 -07/06/0101035026		
						****900.00	****900.00
				TEMEN	<u> </u>	T\$	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent Name			
1000 to				Name			
	AN, JIM	Street Address (P.O. Box Number is Not Acceptable)					
	N.E. 17TH TERRACE AND PARK FL 33334	Suite, Apt. #, Etc.					
<u> </u>	· · · · · · · · · · · · · · · · · · ·	ر این به محملیون	_	City		State FL	Zip Code
Signature of Registered A	Agent	EGISTERED AG	ENT MUST SIGN	UM TID	•	Date	il
this reins	that I am an officer or director or the rece statement application, the reason for diss the corporation have been paid and the	colution has been	eliminated, the co	prograte name satisfies	the requirements	of section 607 0401 or 617 04	01 FS that all fees