

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

4535 N. PINE ISLAND RD
SUNRISE FL 33351

4535 N. PINE ISLAND RD
SUNRISE FL 33351

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

4794 NE 17 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Oakland Park, FL

Zip

Country

Zip

Country

33334

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1998

5. FEI Number

65-0964127

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 | JORDAN, JIM | 4794 N.E. 17TH TERRACE | OAKLAND PARK FL 33334 |
| | | | 600004461986--8 -07/06/01--01035--026 ***900.00 ***900.00 |
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REINSTATEMENT 06-01

T8

8. Name and Address of Current Registered Agent

JORDAN, JIM
4794 N.E. 17TH TERRACE
OAKLAND PARK FL 33334

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

6/1/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/01

Date

Daytime Phone #

754-776-8044

FILED

01 JUN 25 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/00)