

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
TAMMIE H. HART
Secretary of State
DIVISION OF CORPORATIONS

P8192

FILED

00 OCT 16 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000088163

1. Corporation Name

THE FAMILY RESTAURANT OF CAPE CORAL INC.

Principal Place of Business

Mailing Address

532 SE 47TH TERRACE #4
CAPE CORAL FL 33904

532 SE 47TH TERRACE #4
CAPE CORAL FL 33904

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1998

5. FEI Number

65-0881892

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
D	MILLAN, GRACIELA DELET-PLEASE	218 NW 3RD LANE	CAPE CORAL FL 33993
P	BAEZ-ORTIZ-MARIA I	142 SE 18TH TERRACE	CAPE CORAL FL 33990
T	George Abou nakoul	142 SE 18TH TERRACE	CAPE CORAL FL 33990
			800003438088-3
			-10/24/00-01092-022
			****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAEZ-ORTIZ, MARIA I
142 SE 18TH TERRACE
CAPE CORAL FL 33990

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

Maria Baez

Date

REGISTERED AGENT MUST SIGN

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:

Maria Baez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pg 2 of 2

October 12/2000

FLORIDA STATE
DIVISION OF CORPORATIONS
P.O.BOX 6327
Tallahassee, Fl 32314-

RE:Doc.#P98000088163
The Family Restaurant
Of Cape Coral, Inc.

Sir or Madam:


By means of this letter I am asking to Reinstate The Corporation of the refernce, since I never received any notice of payment and for that reason I did not sent the \$150.00 due before May of this Year.

I am new in this business, and maybe the previous Owner received the Notices and did not passed them to me.

Include find a Check for \$150.00 to cover the Fee for annual registration.

I am sorry for the inconvenience.

Yours,


MARIA I BAEZ ORTIZ
President