

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000101261**

1. Corporation Name

ALI'S CAFE, INC.

Principal Place of Business

10918 N 56TH ST
TEMPLE TERRACE FL 33617

Mailing Address

11104 ELMFIELD DRIVE *same as*
~~TAMPA FL 33625~~ *Place of Business*



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

11/30/1998

5. FEI Number

59-3550442

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DELGADO, ALICIA	3411 LA SALLE ST	TAMPA FL 33607
V	DELGADO, JORGE A	3411 LA SALLE ST	TAMPA FL 33607
TM	DELGADO, JORGE	11104 ELMFIELD DR	TAMPA FL 33625
S	DELGADO, SERGIO	3311 W CHESTNUT ST	TAMPA FL 33607

600024253246

10/29/03--01053--015 **150.00

8. Name and Address of Current Registered Agent

DELGADO, JORGE
11104 ELMFIELD DRIVE
TAMPA FL 33625

9. Name and Address of New Registered Agent

Name

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

10918 N. 56th ST
Suite, Apt. #, Etc.

City

Temple Terrace

State

FL

Zip Code

33617

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *10-23-03*

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-03

Daytime Phone #

CR2E040 (7/03)



10918 N. 56th ST.
Temple Terrace, FL 33617
(813) 984-7874
(813) 894-7884

10/23/03

Dear Dept. of State, Division of Corporations,

I writing this letter to request that you please waive the reinstatement fee, as I never received the uniform business report for 2003. I am asking that you please except the enclosed check for \$150.00 and completed application for the reinstatement. I apologize for any inconvenience, and thank you in advance for your consideration to this matter.

Sincerely,

Jorge A. Delgado – Vice President
Ali's Café, INC