

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 PM 1:16

DOCUMENT # **P98000106449**

1. Corporation Name

TABERNA RITMO CAFE, INC.

Principal Place of Business

Mailing Address

10777 W. FLAGLER ST.
MIAMI FL 33172

10777 W. FLAGLER ST.
MIAMI FL 33172



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

12/23/1998

5. FEI Number

65-0890242

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	RESTREPO, HARVEY	551 NW 107TH AVENUE APT 202	MIAMI FL 33172
VT/r	CUARTAS, JUAN	14375 S.W. 164TH TERRACE	MIAMI FL 33177
SR PS	BETANCOURT, OLGA	5427 S.W. 152ND PL. CIRCLE	MIAMI FL 33185
			600003047156--3 -11/17/99--01054--014 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RESTREPO, HARVEY
551 NW 107TH AVE
APT 202
MIAMI FL 33172

Name

OLGA BETANCOURT

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

5427 SW 152 PL. CIRCLE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33185

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

Olga Betancourt **REQUIRED**

Date **10-31-99**

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:

Olga Betancourt **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-99

Date

(305) 2281922

Daytime Phone #