

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000040655

1. Corporation Name

PANCHO'S MEXICAN GRILL, INC.

Principal Place of Business

Mailing Address

2331 SOUTH FEDERAL HWY
FORT PIERCE FL 34982

1109 JASMINE AVENUE
FORT PIERCE FL 34982

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

05/05/1999

5. FEI Number

65-0918885

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
PST	FIELD, DAWN E	1109 JASMINE AVENUE	FORT PIERCE FL 34982

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FIELD, DAWN
1109 JASMINE AVE.
FT. PIERCE FL 34982

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 JAN 26 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT


03-04



200025732182
12/23/03--01050--016 **150.00

200025732182
01/26/04--01097--030 **150.00

CR2E040 (7/03)



1-22-04

Florida Department of State

I would like to ask for reinstatement of Pancho's Mexican Grill, Inc.
The reason for not filing was I did not receive a notice from the State.

Thank You,

Dawn Field, President
