PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG 12 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050312

1. Corporation Name
RELIABLE RESTAURANT SERVICES, CORP.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
14320 SW 71 Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33183 Country: Miami Dade	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650934572 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: AUGUSTO Ingar

Street Address (P.O. Box Number is Not Acceptable): 14320 SW 71 Lane

Suite, Apt. #, Etc.:

City: MIAMI FL State: FL Zip Code: 33183

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 08-05-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	AUGUSTO Ingar	14320 SW 71 Lane	MIAMI, FL. 33183
Vice President	VANESSA-Ingar	14320 SW 71-Lane	Miami, FL. 33183
Secretary	ROSA INGAR	8520 SW 147 CT	MIAMI, FL- 33193

10. 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] AUGUSTO INGAR 08-09-02 (305)213-4706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 701378 7346740

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 908.75

ORDER DATE : August 12, 2002

ORDER TIME : 2:01 PM

ORDER NO. : 701378-005

CUSTOMER NO: 7346740 300007064883--4

CUSTOMER: Mr. Augusto Ingar
Reliable Restaurant Services
14320 S.w. 71st Lane
Miami, FL 33183

DOMESTIC FILINGS

NAME: RELIABLE RESTAURANT SERVICES CORP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 AUG 12 PM 4:02

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