FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 23, 2002 8:00 am Secrétary of State DOCUMENT # P99000052259 1. Entity Name 07-23-2002 90346 026 ***150.00 EL MARIACHI MEXICAN RESTAURANT, INC. Principal Place of Business Mailing Address ROL REANDING BLVD., UNIT #1 801-BLANDIND BLVD., UNIT #1 ORANGE PARK FL 32005 QRANGE PARK FL 32065 3. Mailing Address 2. Principal Place of Business HODY Planding 4224 Bland Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3583657 Not Applicable acksonvil ackson Country \$8.75 Additional Country 5. Certificate of Status Desired (-)- (BB00 (B) Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Evans MAillice SANTORO. THOMAS C ESQ. Street Address (P.O. Box Number is Not Acceptable) 1700 WELLS RD., STE.5 ORANGE PARK-FL-32073 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (4/02) ☐ Addition TITLE ☐ Delete TITLE NAME EVANS, WILLIAM G STREET ADDRESS 1063 BAY CIRCLE NORTH STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE DPT NAME NAME EVANS, MARTHA E STREET ADDRESS STRFFT ADDRESS 1063 BAY CIRCLE NORTH CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** Change - Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

mpowered.

Daytime Phone #

changed, or on an attachment with an address, with all other like

Attachment
Document#

EL MARIACHI MEXICAN RESTAURANT, INC. P900052259

4224 BLANDING BLVD. JACKSONVILLE, FLORIDA 32210

Florida Department of State Division of Corporations Annual Report P.O. Box 6327 Tallahassee, Florida 32314-6327

للمعاص والمعطور والمعتقدة والمعتمدة

REGARDING: Uniform Business Report - Application for Reinstatement

It has come to my attention upon receipt of this report that there have been prior mailings, had I received the prior notices it would have been paid and filed timely, as I do all my obligations. I do not understand why I never received the other notices, the address is correct. Is there any way in resolving this issue and waive the additional fee of \$400.00. When I was never notified before now?

My address is changing effective July 15, 2002, to: 4224 Blanding Blvd. Jacksonville, Florida 32210

Please contact me at the above number or address.

President

William G. Evans