

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

01 MAR 30 AM 9:06

DOCUMENT # P99000055470

1. Corporation Name

PAELLA EXPRESS, INC.

Principal Place of Business

Mailing Address

10266 NORTHWEST 46TH STREET
MIAMI FL 33178

10266 NORTHWEST 46TH STREET
MIAMI FL 33178



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0928029

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	GUILLAMON, CARLOS	10266 NORTHWEST 46TH STREET	MIAMI FL 33178
Vice Pres	SOLLA, MARIO	8353 W. FLAGLER ST.	MIAMI FL 33144
			800003358818-3 -04/04/01-01061-007 ****900.00 ****300.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Solla, Mario

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

8353 W. Flagler St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3-26-01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01 (305) 444-4610
Date Daytime Phone #

CR2E040 (8/00)