

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

04 JAN 26 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076970

1. Corporation Name

QUESOS NICAS EL BOXADOR, INC.

2. Principal Office Address

5467 N.W. 72nd Ave

3. Mailing Office Address

5467 N.W. 72nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

REINSTATEMENT

03-04

100027544131

01/26/04--01011--012 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug 27, 1999

5. FEI Number

69-0946086

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DINA AURORA SANTANA DE VADO

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

5467 N.W. 72nd Avenue

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

01/12/04

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
PD	SANTANA DE VADO, DINA AURORA	5467 N.W. 72 Ave Miami, FL 33166	MIAMI, FL 33166
STD	VADO, JORGE L.	5467 N.W. 72 Ave Miami, FL 33166	MIAMI, FL 33166
NT	SANTANA OSCAR	5467 N.W. 72 Ave Miami, FL 33166	MIAMI, FL 33166

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/04 (305) 888-3232

Date

Daytime Phone #

Monday, January 12, 2004

FLORIDA DEPARTMENT OF STATE

QUESOS NICAS EL BOXEADOR, INC.  
5467 N.W. 72<sup>ND</sup> AVENUE  
MIAMI, FLORIDA 33166

REF: P99000076970

PH. 305-888-3232

To Whom It May Concern:

AS PER OUR CONVERSATION THIS AFTERNOON, PLEASE FIND  
REINSTATEMENT FORM. WE DID NOT RECEIVED ANY LETTER DATED FEB  
24 OF 2003, HOWEVER, WE SENT YOU PROOF THAT WE PAID ON TIME WITH  
CHECK NUMBER 1222 IN THE AMOUNT OF \$150.00. I WOULD LIKE TO GET  
HELP ON PUTTING MY CORPORATION ACTIVE.

RESPECTFULLY YOURS,

  
DINA DE VADO  
1/12/04