PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



P99000083837 ₃ **DOCUMENT#**

1. Corporation Name

EL RINCON DE LOS ARTISTAS, INC.

Principal Place of Business

Mailing Address

DOOR LINEA DON'S DUID 200

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FILED 00 OCT 31 AM 9:48

SECRETARY OF STATE TALLAHASSEE FLORIDA



MIAMI FL 33183) HADDINAN KIR KAKIR HAKIR BAKIR BAKIR BAKIR BERKIR BAKIR BAKIR KIRAN KAKIR KIKIR BAKIR KEBAR				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
2. New Principal Office Address, If Applicable, 1221 + SW 8 Street	5 8 W 8 S	SW & STreet Tot		corporated or Qualified Business in Florida 09/22/1999				
Suite, Apt. #, etc. Miami	Suite, Apt. #,	etc.	Fla.		5. FEI Number		oplied For	
City & State	City & State				53958	No	ot Applicable	
Zip. 33184 Country	33184	Count	ry	6. CERTIFICATE	OF STATUS DESIRED	3 \$8.75 Additiona for a Certifica		
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			City / State / Zip			
PD ARISTIZABAL, RAFAEL	D ARISTIZABAL, RAFAEL		8306 MILLS DRIVE, PMB 328			MIAMI FL 33183		
VD. ARISTIZABAL, PIEDAD		12592 SW 88TH ST			MIAMI FL 33186			
	_							
			1000034695410					
			-		****150.	00 ****1	50.00	
	-	_						
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent				
FRANCO, SANDRA 12542 SW 88TH ST			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33186		Suite, Apt. #, Etc	Ψw	ال	-			
			MAIGH	<u> </u>		State Zin Code	75	
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 REGISTERED AGENT MUST SIGN Date								
11. I certify that I am an officer or director or the recthis reinstatement application, the reason for discoved by the corporation have been paid and the on this application is true and accurate, and my	solution has been e names of individ	i eliminated, the coๆ luals listed on this fo	porate name satisfies from do not qualify for	the requirements an exemption und	of section 607.0401 or	617.0401, F.S., th	at all fees 👢	
SICALATURE Zgod Lating		Rafael A	nistizab	a l	10/25/00	K l	E 6852	
SIGNATURE: SIGNATURE AND TYPER OR E	• • • •	SIGNING OFFICER OF	<u> </u>		Date	Daytime Phone		

0049104



October 25, 2000

Department of State Division of Corporation P.O. BOX 6327 Tallahassee, Florida 32314 RE. Document P99000083837

To whom it may concern,

I write to you in reference to my administratively dissolved corporation. I called your office on Monday October 23, 2000 inquired as to why my corporation had been dissolved, your office informed me that there were 2 packets sent to me, prior to dissolving the corporation. Your office also informed me there were no return packets for my corporation. I to this date the only packet I received was this last one, I would never let this corporation be dissolved, it is a fully operational restaurant and I need all my paper work in working order and up to date. The only explanation I have for not receiving the prior notices. When I incorporated I used my personal PO BOX as my mailing address, at the time I still had not closed on the restaurant and did not want to use the address until the sale of the restaurant was official. Unfortunately my PO BOX has been known to misplace and mishandle my mail or return it because they did not recognize the name of the restaurant. I am sending you the address to the restaurant bellow.

Thanking you in advanced for the above matter I hope that my corporation can be brought to an active status as soon as possible, again I never received any other packets from your office prior to this one.

Sincerely

Rafael Aristizabal President

El RINCO DE LOS ARTISTAS, INC. 12214 SW 8 STREET MIAMI, FLORIDA 33184