

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 10 PM 1:43

DOCUMENT # **P990000 91030**

1. Corporation Name

RESTAURANTE EL PAISA, INC

2. Principal Office Address

311 SW 12 AVE

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

City & State

MIAMI FLA

N/A

Zip

Country

Zip

Country

33130

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1999

5. FEI Number

65-1173967

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

ALEX LOPEZ

400004316084 - 1

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

311 SW 12 AVENUE

05/24/01 - 01097 - 013

******300.00 ****300.00**

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33130

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 **Alex V. Lopez**

Date **5-4-01**

REGISTERED AGENT MUST SIGN

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
P/D	ALEX LOPEZ	311 SW 12 AVE MIAMI	MIAMI FLA 33130
S/D	WILMA D GUIFARRO	311 SW 12 AVE	MIAMI FLA 33130

PR5/23

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: **Wilma D Guifarro** SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-01
Date

Daytime Phone #