

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  
TALLAHASSEE, FLORIDA

01 MAY 18 AM 10:16

**DOCUMENT #** P99000095881

**1. Corporation Name**

CENTRO CERVECERO LA CENIZA RESTAURANT, INC.

**2. Principal Office Address**

2818 NW 22ND AVENUE

Suite, Apt. #, etc.

**3. Mailing Office Address**

2818 NW 22ND AVENUE

Suite, Apt. #, etc.

**City & State**

MIAMI, FLORIDA

**City & State**

MIAMI, FLORIDA

**Zip**

33142

**Country**

**Zip**

33142

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0957905

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00-01

SP

**7. Name and Address of Current Registered Agent**

**Name**

MANUEL DE LA ROSA

000004416850--8

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

13241 SW 40TH LANE

-06/13/01--01012--008

\*\*\*900.00 \*\*\*900.00

Suite, Apt. #, Etc.

**City**

MIAMI

State  
**FL**

**Zip Code**

33175

**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

*Manuel De La Rosa*

REGISTERED AGENT MUST SIGN

Date 11-24-2000

**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	MANUEL DE LA ROSA	13241 SW 40TH LANE	MIAMI, FL 33175
SVD	TATIANA RUIZ	8235 S.W. 41ST STREET	MIAMI, FL 33155

**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:**

*Manuel De La Rosa*

Manuel De La Rosa

11-24-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)