

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 18 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 512828

1. Corporation Name

Zinco Criollo Restaurant
and Cafeteria

2. Principal Office Address

2601 NW 39 AV

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33142

Country

USA

3. Mailing Office Address

2601 NW 39 AV

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

400014450444

03/24/03--01001--029 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

NOV -15-1990

5. FEI Number

65-0236299

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

Antonio J. Gonzalez

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

17773 NW 87 PL

Suite, Apt. #, Etc.

1

City

Miami, Florida

State

FL

Zip Code

33018

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

REGISTERED AGENT MUST SIGN

Date

02/28/03

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.	Antonio J. Gonzalez	17773 NW 87 PL	Miami, FL 33018
S.	Barbara Gonzalez	17773 NW 87 PL	Miami, FL 33018

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/11/03

Daytime Phone #

CR2E081 (10/02)

7/31/9