

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S16452**

1. Corporation Name

EDUARDO'S, INC.

Principal Place of Business

2400 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

Mailing Address

24 FIESTA WAY
FT LAUDERDALE FL 33301-1415
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
03 DEC 23 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12/23/03 01063 014 330.00
800025725458
12/23/03-01025-030 **500.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1990

5. FEI Number

65-0233744

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 3	City / State / Zip 4
D	COLOSIMO, JAMES	24 FIESTA WAY	FT. LAUDERDALE FL 33301

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

COLOSIMO, JAMES J.
24 FIESTA WAY
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

James J. Colosimo
REGISTERED AGENT MUST SIGN

Date

12/14/03

11. 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)(b), 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:

James J. Colosimo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/03

Date

Daytime Phone #

954 463-2105

CR2E040 (7/03)