


197-5508 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 1997 APR -3 PM 2:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 864039					
1. Corporation Name DORAL PIZZA INC. 4709 N.W. 79th AVENUE MIAMI, FLORIDA 33166					
Principal Place of Business Mailing Address 4709 NORTHWEST 79th AVENUE MIAMI, FLORIDA 33166					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/28/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0276945	
Country		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				8. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> SR 7% Addition of Fee required for a Certificate of Status	
1	2	3	4		
TW(a)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/T	MARIA JUDITH TACHE	1533 SOUTHWEST 129th COURT	MIAMI, FLORIDA		
V/S	ALFREDO ARIAS	1533 SOUTHWEST 129th COURT	MIAMI, FLORIDA		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent	
GLORIA LOPEZ 4709 NORTHWEST 79th AVENUE MIAMI, FLORIDA 33166				Name MARIA JUDITH TACHE Street Address (P.O. Box Number is Not Acceptable) 4709 NORTHWEST 79th AVENUE Suite, Apt. #, Etc. City MIAMI, State FL Zip Code 33166	
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 <i>Maria Judith Tache</i> Date 11/19/92					
REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Maria Judith Tache</i> Date 11/19/92					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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4/03/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: ACE INDUSTRIES, INC.
CONTACT: PAM FRIEDMAN
PHONE: (305)358-2571

ACCT#: 070744001530

FAX #: (305)358-7832

NAME: DORAL PIZZA INC.

AUDIT NUMBER.....H97000005508

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

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