


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V17055

1. Corporation Name

ALEYDA'S MEXICAN RESTAURANTE INC.

Principal Place of Business

Mailing Address

~~1890 MILITARY TRAIL
W PALM BEACH FL 33415~~

~~1890 MILITARY TRAIL
W PALM BEACH FL 33415~~

1890 OKEECHOBEE BLVD
W PALM BEACH, FL 33409

1890 OKEECHOBEE BLVD
W PALM BEACH, FL 33409

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1992

5. FEI Number

65-0332877

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2 CARDONA, Aleyda	3	4
PL	ROMANOFF, ALEYDA	1726 BRIAR CLIFF CIRCLE	LAKE WORTH FL 33407
VP	ROMANOFF, ROBERT	1726 BRIAR CLIFF CIRCLE	LAKE WORTH FL 33407
D	LEVINE, ARTHUR	170 N. OCEAN BLVD.	PALM BEACH FL 33480

PLEASE CORRECT YOUR RECORDS TO SHOW TITLE OF EACH
REMOVING ROMANOFF, ROBERT AS HAVING NO CONNECTION WITH CORPORATION
ARTHUR LEVINE HAS ONLY BEEN A DIRECTOR SINCE THE INCORPORATION
OF THE CORPORATION. HE HAS NEVER BEEN AN OFFICER. PLEASE
ADJUST YOUR RECORDS TO REFLECT THIS.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROMANOFF, ALEYDA
1726 BRIAR CLIFF CIRCLE
LAKE WORTH FL 33407

Name
ALEYDA CARDONA
Street Address (P.O. Box Number is Not Acceptable)
1726 BRIARCLIFF CIRCLE
Suite, Apt. #, Etc.
City
LAKE WORTH
State
FL
Zip Code
33407

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

Aleyda Cardona
NOTARIAL SEAL REQUIRED

Date 11-18-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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: *Aleyda Cardona*
NOTARIAL SEAL REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-18-98
Daytime Phone #

FILED

98 NOV 30 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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CR2E040 (9/98)