PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 DEC 19 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V51645**

1. Corporation Name

PABLO'S MEXICAN FOODS, INC.

Principal Place of Business	Mailing Address
W. HWY 90 AT I-75 LANE CITY FL 32055 US	P.O.BOX 2031 LAKE CITY FL 32056 US

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: 07/20/1992

5. FEI Number: 58-3138540 ☐ 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 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	RUIZ, JOSE C.	211 TUCWALL ST.	THOMASVILLE FL 31792
VP	HERNANDEZ, PEDRO	3792 40TH WAY	TALLAHASSEE FL 32308
S	RUIZ, ANNA	211 TUCWALL ST	THOMASVILLE FL 31792
T	OHRMOND, SANDRA	6964 150TH RD	WELLBORN FL 32094

100002380601--0
-12/23/97--01063--014
****750.00 ****750.00
REINSTATEMENT 1997

8. Name and Address of Current Registered Agent

JOHNS, WILLAIM
STAR RT 3 BOX 1404
SATSUMA FL 32189

9. Name and Address of New Registered Agent

Name: MONICA Robles
Street Address (P.O. Box Number is Not Acceptable): Route 13 Box 919-62
Suite, Apt. #, Etc.:
City: Lake City | State: FL | Zip Code: 32055

12/19/97

CR2E040 (8/97)

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: MONICA ROBLES (REGISTERED AGENT MUST SIGN) Date: 12-2-97

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: Anna M. Ruiz 12-12-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #