

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 W. HWY 80 AT I-75 LAKE CITY FL 32055 US	Mailing Address P.O. BOX 2031 LAKE CITY FL 32056 US
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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 07/20/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 58-3138540	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
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, WILLIAM 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	
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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** Date: **12-2-97**
REGISTERED AGENT MUST SIGN

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: **[Signature]** Date: **12-12-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR040 (8/97)