



Idaho Corporation Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

SOS Control Number: 480422 Filing Status: Inactive-Dissolved General Business Corporation (D) Date Formed: 01/10/2005 Formation Locale: ID Name and Mailing Address: (1) Add or Change Mailing Address: (2) Change RA and/or RO Address: (3) Change RA and/or RO Address: (4) Change RA and/or RO Address: (5) Change RA and/or RO Address: (6) Baard of Directors names and business address (with zip code) . Attach additional sheet if necessary. (6) Baard of Directors names and business address (with zip code) . Attach additional sheet if necessary. (6) Date: C6 / 03 179	Reinstatement fee: \$30.00.		Boise, ID 83720 Phone: (208) 334-2300	719/
General Business Corporation (D) Date Formed: 01/10/2005 Formation Locale: ID Name and Mailing Address: (1) Add or Change Mailing Address: (2) Change Ra and/or RO Address: MARIA ROSA OVIEDO 204 3RD ST WILDER, ID 83676 Note: The Registered Office (RO) Address must be a physical Idaho address (no postal box). (3) New Registered Agent (RA) Signature: If a new agent is appointed in term (2) above, the new agent must sign here to accept the appointment (4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer. (5) Board of Directors names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer. (6) Board of Directors names and business address (with zip code). Attach additional sheet if necessary. Name Business Address City, State, Zip (6) Board of Directors names and business address (with zip code). Attach additional sheet if necessary. (6) Board of Directors names and business address (with zip code). Attach additional sheet if necessary. (6) Board of Directors names and business address (with zip code). Attach additional sheet if necessary. (6) Board of Directors names and business address (with zip code). Attach additional sheet if necessary. (7) Change Ra and/or RO Address City, State, Zip (8) Change Ra and/or RO Address City, State, Zip (9) Change Ra and/or RO Address City, State, Zip (1) Address (1) Add	SOS Control Number: 480422	Filing Status: Inactive-Dissolved		
Name and Mailing Address: (1) Add or Change Mailing Address: ROSA'S INC. PO BOX 555 WILDER, ID 83676 Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: MARIA ROSA OVIEDO 204 3RD ST WILDER, ID 83676 Note: The Registered Office address must be a physical Idaho address (no postal box). (3) New Registered Agent (RA) Signature: If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment of the new agent in item (2) above, the new agent must sign here to accept the appointment of the new agent must sign	General Business Corporation (D)	-	Formation Locale: ID	۳
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Title Name Business Address City, State, Zip (5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary. Name Business Address City, State, Zip **CSAS Restaury** **CSAS Restaury** (6) Date: C6/03/79	(4) Comorations: Enter names and husiness at			
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(5) Signature: Row muth (6) Date: 06/03/79	Name	Business Address	City, State, Zip	
(5) Signature: (8) Date: (6) Date: (6) Date: (7) 79	ROSA'S RESTAURANT	204 +Hird Street	wilder IDAHO 8367	6 d
(5) Signature: (8) Date: (6) Date: (6) Date: (7) 79				- Law
(5) Signature: (8) Date: (6) Date: (6) Date: (7) 79				
(7) Type/Print Name: MARIG ROSA OWIEDD (8) Title: DresideNT	(5) Signature: Row Out of	(6) Date	e: 06/03 7 9	ָרֶ ה
	(7) Type/Print Name: MAKIG ROS	SAOVIEDO (8) Title	: PresideNT	