

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

99 FEB 5 PM 3:46

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Gaa413

1. Corporation Name

EL ZAPOTAL INCORPORATED

Principal Place of Business Mailing Address

17245 SW 192nd Street
Miami, Florida, 33189

REINSTATEMENT

95-99
AD

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	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		1-19-83	
City & State		City & State		5. FEI Number	
Zip		Country		59-2265698	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For	
				Not Applicable	

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/D	Jose Miguel Battle	17249 SW 192nd Street	Miami, Florida, 33187

2000002773407-1
-02/11/99-01088-006
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Jose Miguel Battle 17249 SW 192nd Street Miami, Florida, 33187		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suits, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.6603, F.S.

Signature of Registered Agent: Jose Battle Date: 08 99

REGISTERED AGENT MUST SIGN

11. This corporation owes 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)(f), 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: Jose Battle 305-267-7730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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