

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058568

1. Corporation Name

EL PALACIO SUPERMARKET, INC.

Principal Place of Business

Mailing Address

995 S.W. 5TH ST.
MIAMI FL 33130

995 S.W. 5TH ST.
MIAMI FL 33130

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

08/09/1994

5. FEI Number

65-0510143

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



REINSTATEMENT 03

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	4 City / State / Zip
PVD	RASCON, ANA	14243 SW 35TH STREET	MIAMI FL
ST	RASCON, ANA	14243 SW 35TH STREET	MIAMI FL

500023757365
10/13/03--01080--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RASCON, ANA C
14243 SW 35TH STREET
MIAMI FL

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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
Rascon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03
Date

Daytime Phone #

CR2E040 (7/03)

October 9, 2003

Department of State
Division of Corporations

RE: EL PALACIO SUPERMARKET, INC.
DOC # P94000058568
995 SW 5th ST
Miami, FL 33130

I received a noticed of dissolution of our corporation. I called immediately to your office and was told this was due to non payment and a report I didn't fill out. I do not remember receiving it. It could have been we lost it. This is only the first year I have to renew everything since I'm a new owner and are unaware of the different fees I need to pay. I have mailed and paid all licenses fees like the occupational license and all other different fees I have received, this one somehow slipped by. Now that I'm aware of this fee and report I will be alert that I receive it and make sure it gets filled out. I would like to see if you could reinstate me as soon as possible and waive the additional fee. It would be greatly appreciated.

Please call me with any questions at the store number 305-545-5468 or at my cell 305-303-1177

Thank You,

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