PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
98 APR 16 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000050495

1. Corporation Name

EL CACHON DE COJIMAR REST. INC.

Mailing Address	Principal Place of Business
~~1105 West 35 Street~~ ~~Hialeah Florida~~ 33010	1185 West 35 Street Hialeah Florida 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-98-

2. New Mailing Address, if Applicable	3. New Principal Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
4141 S.W. 97 Place		6-12-96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: [X] Applied For [ ] Not Applicable
City & State: Miami Florida	City & State	6. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee Required for a Certificate of Status
Zip: 33165 Country: Miami-Dade	Zip Country	

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~~	~~JACINTO O.PEREZ~~	~~3465 West 13 Avenue~~	~~Hialeah Florida 33012~~
P/D	SELVIA PEREZ	4141 S.W. 97 Place	Miami Florida 33165
			$ 4/16/98
			100002495241---7 -04/21/98--01054--019 ****400.00 ****400.00
			100002495241---7 -04/21/98--01054--020 ****500.00 ****500.00

8. Name and Address of Current Registered Agent

~~JACINTO O. PEREZ~~
~~3465 West 13 Avenue~~
~~Hialeah Florida 33012~~

9. Name and Address of New Registered Agent

Name: SELVIA PEREZ
Street Address (P.O. Box Number is Not Acceptable): 4141 S.W. 97 Place
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33165

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: X Selvia Perez SELVIA PEREZ Date: 4/08/1998
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is not notarially furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X Selvia Perez SELVIA PEREZ 4/08/1998 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #