

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000066488

1. Corporation Name

EL POLO XIX CORP.

Principal Place of Business

Mailing Address

5720 SW 128th St.
MIAMI, FL 33156

5720 SW 128th St.
MIAMI, FL 33156

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

2. New Principal Office Address, If Applicable

15615 SW 61st TERR.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

15615 SW 61st TERR.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

8/09/1996

5. FEI Number

65-0692741

Applied For
Not Applicable

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33193 USA

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33193 USA

6. CERTIFICATE OF STATUS DESIRED

\$875 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
DP	ESTEVEZ, AIDA	15615 SW 61st TERR.	MIAMI, FL 33193
DV	ESTEVEZ, ULISES	15615 SW 61st TERR.	MIAMI, FL 33193

REINSTATEMENT 2010

9000003488589-8
-12/06/00-01009-012
***750.00 ***750.00

8. Name and Address of Current Registered Agent

ESTEVEZ, AIDA
15615 SW 61st TERR.
MIAMI, FL 33193

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

Date 11-8-00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

11-8-00

Date Daytime Phone #

CARE040 (12/96)