

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -9 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

222199

1. Corporation Name

EL LEJOS INC

2. Principal Office Address

59792 W. 37th ST

Suite, Apt. #, etc.

City & State

VIRGINIA GARDENS

Zip

33146

Country

US

3. Mailing Office Address

DANIEL MULLER

Suite, Apt. #, etc.

18431 SW 210th ST

City & State

MIAMI FL

Zip

33187

Country

US

REINSTATEMENT

04-180

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/69

5. FEI Number

591115956

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roberta E Robbins Ssg

Street Address (P.O. Box Number is Not Acceptable)

7800 Red Road

Suite, Apt. #, Etc.

Suite 117

City

South Miami

State

FL

Zip Code

33143

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/31/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRSD	DANIEL MULLER	18431 SW 210 th ST	MIAMI FL 33187

10. 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 contained in Chapter 119, 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:

Daniel L Muller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/05

Daytime Phone #

305
905-0796