PLEASE READ A	ALL INSTRUCTION FOR PLANT BEINGT BE		OMPLETING THIS FORM.	O	
REINSTATEMENT	Secretary	y of Clate			
DOCUMENT # 3.30012 1. Corporation Name			FILED		
			98 JUL 21 PM 2: 21		
Los Panchos Restaurant, Inc.			SACKETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address					
110 Amberjack Dr. Ft. Walton Beach, FL 32548	same				
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			Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do B usiness in Florida 7/1/	68	
City & State	City & State		5. FEI Number 59–1222550	Applied For Not Applicable	
Zip Country	Zip	Country		Additional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit				
Title(s) and/or Directors O		Street Address of Each Officer and/or Director NOT Use Post Office Box N	City / State	/ Zip	
Pres Jim G. Gonzales 110 Ambe		Amberjack Dr	. Ft Walton Bch	, FL 32548	
VP/Sec Mickie L. Gonzale	110 2	Amberjack Dr	Ft Walton Bch, 800025981 -07/24/98010 ****315.00	681	
				150/198	
Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Age	nt	
Jim G. Gonzales 110 Amberjack Dr. Street			.O. Box Number is Not Acceptable)	CR2E040 (198)	
		Suite, Apt. #, Etc.	Suite, Apt. #, Etc.		
		City	State Zip Code		
10. I, being appointed the registered agent of the above Signature of Registered Agent Dr. REGISTER		•	bligations of Section 607.0505, F.S. Date 7 - 20	98	
11. This corporation owes or ha Intangible Personal Property	s paid the curren	t year	No (See other side for on intangible		
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissol owed by the corporation have been paid and the na on this application is true and accurate, and my sign	ution has been eliminated, the ames of individuals listed on I	e corporate name satisfies t this form do not qualify for a	the requirements of section 607.0401 or 617.0401, an exemption under section 119.07(3)(i), F.S. The	F.S., that all fees	
SIGNATURE: June June Signature and typed or prin	hn TED NAME OF SIGNING OFFICE	GGonzales	7-20-95 Date 850-2	43-5033	

July 15, 1998

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find a completed application for reinstatement for our corporation. Also enclosed is a check for the reinstatement fee amount given to me over the phone this week by L. Sellers in your office.

Please change your records to reflect our correct mailing address as 110 Amberjack Drive. According to our phone conversation earlier this week, the annual report forms had been mailed to 10 Amberjack Drive.

Thank you for your help in correcting this matter. Please call me if you need anything further.

Sincerely,

Jim G. Gonzales

President, Los Panchos Restaurant, Inc. (850) 243-5033