

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JAN -5 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 582742

1. Corporation Name

EL TESORO, INC.

2. Principal Office Address - No P.O. Box #

8260 SW. 39 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33155

Zip

33155

Country

U.S.

3. Mailing Office Address

8260 SW. 39 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33155

Country

U.S.

400164201074

01/05/10--01002--006 **150.00

REINSTATEMENT 09

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/1978

5. FEI Number

59-1898342

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

EULALIO BLANCO

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

8260 SW. 39 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Euladio Blanco

Date

12/23/09

REGISTERED AGENT MUST SIGN

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
P/V/D	EULALIO BLANCO	8260 SW. 39 ST.	MIAMI, FL. 33155
S/P/D	LOIDA BLANCO	8260 S.W. 39 ST.	MIAMI, FL. 33155
V/D	JUANA BLANCO	8260 S.W. 39 ST.	MIAMI, FL. 33155

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Euladio Blanco, PRESIDENT 12/23/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #