


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 724625 (9)

1. Corporation Name  
 EL VEDADO, INC

2. Principal Office Address  
 237 SW 13<sup>th</sup> St Apt 100  
 Suite, Apt. #, etc.

3. Mailing Office Address  
 Same  
 Suite, Apt. #, etc.

City & State  
 MIAMI FLORIDA

City & State  
 MIAMI, FLORIDA

Zip Country  
 33130

Zip Country  
 33130

FILED  
 01 SEP 10 AM 8:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

99-01

4. Date Incorporated or Qualified To Do Business in Florida 10-24-1972

5. FEI Number 59-1595799 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 400004588614 --6

Name Jose Santana Zelaya  
 -09/14/01--01049--124  
 \*\*\*367.50 \*\*\*37.50

Street Address (P.O. Box Number is Not Acceptable) 237 SW 13<sup>th</sup> St

Suite, Apt. #, Etc. Apt. # 409

City MIAMI State FL Zip Code 33130

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 *[Signature]* Date Sept. 6, 2001

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
PD	Jose S. Zelaya	237 SW 13 <sup>th</sup> St # 409	MIAMI FL. 33130
VP	Alberto Milo Jr.	237 SW 13 <sup>th</sup> St # 405	MIAMI FL. 33130
TD	Manuel Alex Tueros	237 SW 13 <sup>th</sup> St # 301	MIAMI FL. 33130
SD	Alberto J. Delgado	237 SW 13 <sup>th</sup> St # 306	MIAMI FL. 33130
V	Miriam I. Cabrah	237 SW 13 <sup>th</sup> St # 101	MIAMI FL. 33130
V	Rina E SELVA	237 SW 13 <sup>th</sup> St # 309	MIAMI FL. 33130

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 under section 119.07(3)(l), 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: *[Signature]* Date 9-6-2001 (305) 401-2186 (305) 854-4733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRZE081 (9/00)