

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004343

1. Corporation Name
EL EXPRESO, INC.

Principal Place of Business
PO BOX 230439
HOUSTON TX 77023-0450

Mailing Address
PO BOX 230450
HOUSTON TX 77023-0450

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11/3 97 OCT 31 PM 1:06



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
Suite, Apt. #, etc. 6100 HILLCROFT 105 City & State HOUSTON TX Zip 77081 Country USA	Suite, Apt. #, etc. 6100 HILLCROFT 105 City & State HOUSTON TX Zip 77081 Country USA

REINSTATEMENT 97

4. Date of Incorporation or Qualification To Do Business in Florida 08/26/1996

5. FEI Number 76-0289769 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PC	NAVARRO, CESAR O	2201 MAIN ST	HOUSTON TX 77002
WC	NAVARRO, MARICELA	2201 MAIN ST	HOUSTON TX 77002
6100 HILLCROFT HOUSTON TX 77081 TEL 713-270-6000			
4000002337194--7 -11/04/97--01023--007 ***758.75 ***758.75			

8. Name and Address of Current Registered Agent

9. Name and Address of Non-Registered Agent

NAVARRO, CESAR O #4B 550 NEW MARKET MMOKALEE FL 33934	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, hereby accept the obligations of Section 607.0505, F.S. Signature of Registered Agent: [Signature] Date: 10-29-97	

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 the corporation is the same legal entity as the corporation that was dissolved.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-97