

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 20 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *K66614*

1. Corporation Name

EL ZENZONTLE, INC.

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

11404 NW 88 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

** SAME **

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

City & State

Zip

Country

Zip

Country

33018

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650163754

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

IBRAHIM ALEMAN

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

11404 NW. 88 AVE

Suite, Apt. #, Etc.

City

Hialeah Gardens

State

FL

Zip Code

33018

☒ 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

Theresa O'Brien

Date *11-14-07*

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
<i>Pres/D.</i>	<i>IBRAHIM ALEMAN</i>	<i>11404 NW. 88 Ave.</i>	<i>Hialeah Gardens, FL 33018</i>
			<i>200112610602</i>
			<i>11/27/07--01047--004 **250.00</i>
			REINSTATEMENT
			<i>03-07</i>

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:

Theresa O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-07

Date

(305) 663-1484

Daytime Phone #

November 14, 2007

Discussion of Corporations
Annual Report Section

Re: El Zorro, Inc.
K66614

To whom it may concern:

We have realized we have not received our annual reports. Apparently they were sent to the wrong address and we thought the company was active.

Please, can you take into consideration the economy of the perathies we are a small company and this would greatly be appreciated. We are enclosing a check for \$600.00. (150 x 4 years).

Thank You very much,

Theresa Brown.

President

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. EL ZENZONTLE, INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☒ Limited Partnership
☒ Reinstatement
☐ Trademark
☐ Other

RECEIVED
07 NOV 20 AM 11:08
OFFICE OF REVENUE
TALLAHASSEE, FLORIDA

Examiner's Initials