

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L00000003534

03 FEB 24 AM 9:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000003534

Name and Mailing Address

0001837 01 FP 0.352 **PRSRT T6 0 0615 33130-362610



EL REY SUPERMARKET, L.L.C.
810 S.W. 12TH AVE.
MIAMI FL 33130-3626

MJH



7124-2002-2003

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/28/2000

Principal Place of Business

810 S.W. 12TH AVE.
MIAMI FL 33130

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-0998636

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

RUANO, ORESTES
810 SW 12 AVE
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name

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

900012385849
02/12/03--01044--002 **200.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Orestes Ruano

REGISTERED AGENT MUST SIGN

Date

2/21/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RUANO, ORESTES	810 SW 12 AVE	MIAMI FL 33130

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Orestes Ruano

Date

1/22/03

Daytime Phone #

(305) 858-3735

Typed or printed name of signing Managing Member/Manager

ORESTES RUANO