

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED

98 MAR 19 PM 2:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L 78482**

1. Corporation Name

EL ESPECIAL Inc.

Principal Place of Business

Mailing Address

**175 Fontainebleau BLVD. Suite 1F
 Miami FL ~~33172~~ 33172**

REINSTATEMENT

91-98

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

4. Date Incorporated or Qualified To Do Business in Florida

6/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0212592

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Frank Ibarria	3510 Bergen Line Ave.	Union City NJ 07087
			400002464394--8 -03/20/98--01122--020 ***1697.50 ***1697.50
			400002464394--8 -03/20/98--01122--021 *****13.75 *****13.75
			400002464394--8 -03/20/98--01122--022 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

**John Ibarria
 175 Fontainebleau Blvd S, 1F
 Miami FL 33172**

9. Name and Address of New Registered Agent

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 of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

John Ibarria

REGISTERED AGENT MUST SIGN

Date

3/10/98

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 my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Ibarria

John Ibarria

Date

3/10/98

Daytime Phone #

(305) 225-3742

CR2E040 (1/98)