


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # L 78482</div><div style="text-align: right;">FILED 98 MAR 19 PM 2:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div></div>			
1. Corporation Name EL ESPECIAL Inc.			
Principal Place of Business 175 Fontainebleau BLVD. Suite 1F Miami FL 33172 33172		Mailing Address	
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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 6/90	
		5. FEI Number 65-0212592	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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		9. Name and Address of New Registered Agent	
John Ibarria 175 Fontainebleau Blvd S, 1F Miami FL 33172		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
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		Date 3/10/98	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: John Ibarria		Date 3/14/98 (305) 225-3742	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	