

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

FILED

06 MAY -3 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # MD 3635

1. Corporation Name

EL MULO DE ORO, INC  
7161 SW 117 AVE  
MIAMI FL 33183

2. Principal Office Address

7161 SW 117 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33183

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/6/84

5. FEI Number

59-2450876

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

DIAZ ROLANDO

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

7161 SW 117 AVE

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33183

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

*Rolando Diaz*

REGISTERED AGENT MUST SIGN

Date

4/25/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| SD     | PEREZ ESTHER                         | 13251 SW 38 TEAR                                  | MIAMI FL 33175     |
| PD     | DIAZ ROLANDO, SR                     | 13251 SW 38 TEAR                                  | MIAMI FL 33175     |
|        | <i>3319</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:

*Esther Perez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

4/25/06

Daytime Phone #

305-2700006