

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 16 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005243**

1. Corporation Name

EL GRAN YO SOY, INC.

Principal Place of Business

4860-A SOUTH STATE ROAD 7(441)
HOLLYWOOD FL 33314

Mailing Address

4860-A SOUTH STATE ROAD 7(441)
HOLLYWOOD FL 33314

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1996

5. FEI Number

65-0731530

Applied For

Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--------------------------|
| VMD | PALMA, OLGAMARINA | 3801 S.W. 58 AVE. | DAVIE FL 33314 |
| SD | PALMA, ROSSALYNN | 3801 S.W. 58 AVE. | DAVIE FL 33314 |
| T | VELASQUEZ, ESPERANZA | 5810 S.W. 59 AVE. | FORT LAUDERDALE FL 33314 |
| T | VALENZUELA, EDY | 36 TAFT ST., APT. 6 | HOLLYWOOD FL 33020 |
| S | HERRERA, ANA MARIA | 3810 S.W. 59 AVE. | DAVIE FL 33314 |
| VM | ABURTO, ISABEL | 5810 S.W. 60 AVE. | DAVIE FL 33314 |

8. Name and Address of Current Registered Agent

PALMA, JOAQUIN PASTOR
3801 S.W. 58TH AVENUE
DAVIE FL 33314

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

05/01/02 01026 010

****297.50 ****297.50

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 9/12/01

11. 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:

Joaquin Palma JOAQUIN PALMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/01