

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 27 PM 3:35

DOCUMENT # 800 0000 33767

1. Corporation Name

El Potro Mexican Restaurant # 26, Inc.

11380-20 Bch Blvd

11380-20 Bch Blvd

2. Principal Office Address

11380-20 Bch Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

11380-20 Bch Blvd

Suite, Apt. #, etc.

City & State

Jacksonville Fl.

City & State

Jacksonville Fl.

Zip

32246

Country

USA

Zip

32246

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 01/01/2000

5. FEI Number

59-3642664

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

Louis David CPA

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

12627 San Jose Blvd

Suite, Apt. #, Etc.

306

City

Jacksonville

State

FL

Zip Code

32223

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

Louis David

Date 12/02/2004

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---------|--------------------------------------|---|-----------------------|
| Preside | Nicolas Escamilla | 2758 Lantana Lakes Dr | Jacksonville Fl 32246 |
| VP | Raymundo Jamie | 12404 Largo Dr | Savannah Ga 31419 |
| VP | Alfredo L Escamilla | 5669 Beney Rd | Jacksonville Fl 32207 |
| | | | |
| | | | |
| | | | |

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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 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

Date

12-02-04

Daytime Phone #

CR2E081 (01/04)

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