


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 11 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P00000033784

1. Corporation Name

El Potro Mexican Restaurant #18, Inc.

2. Principal Office Address

1553 Third Street North

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

3. Mailing Office Address

1553 Third Street North

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/30/2000

5. FEI Number

59-3642680

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

Arturo Escamilla

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

2473 Canyon Falls Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32224

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**

[Signature]

Date 4-8-05

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
P, T, D	Raymundo C. Jaime	P. O. Box 60691	Savannah, GA 31420-0691
VP, S, D	Arturo Escamilla	2743 Canyon Falls Dr.	Jacksonville, FL 32224

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)(f), 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]

Arturo Escamilla, VP 4-8-05

Date

Daytime Phone #

904-536-4092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (9/01)