FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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	3. Mailing Office Address
1553 Third Street North	1553 Third Street North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach, FL	City & State: Jacksonville Beach, FL
Zip: 32250 Country: USA	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

800051259458
04/19/05--01088--018 **105.00

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: _____ Date: 4-8-05

REGISTERED AGENT MUST SIGN

CR2E091 (9/01)

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

REINSTATEMENT 03-05

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: _____ Arturo Escamilla, VP 4-8-05 904-536-40.92

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #