


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000057837 1. Entity Name EL DEALER, INC.	
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FILED

09 APR 24 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



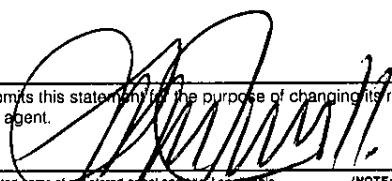
Principal Place of Business 10206 NW 80TH AVE. HIALEAH GARDENS, FL 33016 US	Mailing Address 10206 NW 80TH AVE. HIALEAH GARDENS, FL 33016 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address 6405 NW 36 Street Suite, Apt. #, etc. Suite 222 City & State Miami, FL Zip Country 33166 U.S.
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04222009	REIN-P	CR2E098 (1/07)
4. FEI Number 65-1017377	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JARAMILLO, SEBASTIAN 66 W. FLAGLER STREET 500 MIAMI, FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

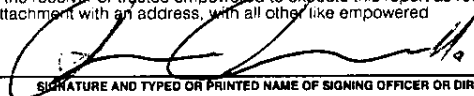
SIGNATURE:  DATE: **4/22/09**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JARAMILLO, GUSTAVO 8056 NW 29 STREET DORAL, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PT Jaramillo, Gustavo 6405 NW 36 Street Suite 222 Miami - FL - 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JARAMILLO, DANIEL 8056 NW 29 STREET DORAL, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPS Jaramillo, Daniel 6405 NW 36 Street Suite 222 Miami - FL - 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900152404449 04/24/09--01043--015 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  DATE: **4/22/09** 305 919 6084

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

4/28/09