FROM FREEDOMPOOLS FAX NO. 352 402 0271 Mar. 09 2004 09:43AM P2

2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -4 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300041006213
09/13/04--01050--019 **750.00

DOCUMENT # P00000072283

1. Corporation Name
EL JALAPENO OTRA VEZ INC

2. Principal Office Address	3. Mailing Office Address
P.O. Box 2641	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin, FL.	City & State
Zip: 34697 Country: Pinellas	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3662006 ☐ 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: Roy Turner
Street Address (P.O. Box Number is Not Acceptable): 2126 Harbor View Dr
Suite, Apt. #, Etc.:
City: Dunedin State: FL Zip Code: 34698

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: X [signature] REGISTERED AGENT MUST SIGN Date: 9/4/04

CR2E081 (01/04)

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
Pres.	Roy Turner	2126 Harbor View	Dunedin FL 34698
		REINSTATEMENT 04	

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: X [signature] 10/1/04 727-656-1832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

292

To Whom it May Concern:

I have been instructed to attach this letter to the copy of my UBR formto waive the penalty, due to the fact that I have not recieved any information or notices prior to May 1st. Please send future correspondence to,

2604
P.O. Box 2641
Dunedin, Fl. 34697

Respectfully,

Roy Turner
President