

2004AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 NOV -4 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000072283

1. Corporation Name

EL JALAPENO OTRA VEZ INC

300041006213

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

2. Principal Office Address P.O. Box 2641		3. Mailing Office Address	
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 ☐\$375 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


REGISTERED AGENT MUST SIGN

Date

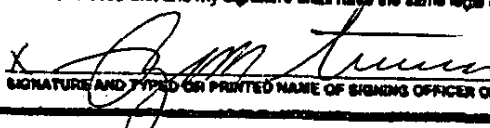
9/4/07

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)(d), 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

10/1/07

727-656-1832

Corporate Phone #

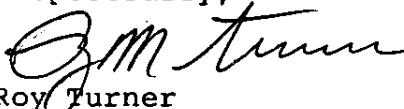
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To Whom it May Concern:

I have been instructed to attach this letter to the copy of my UBR form to 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