

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAY 17 PH 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000073893

1. Corporation Name

EL Pio Pio cantina inc

2. Principal Office Address

11300 NW 87th

Suite, Apt. #, etc.

#134

City & State

HIALEAH Florida

Zip

Country

33018

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

8-3-2000

5. FEI Number

23-08-537989-08-8

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

Jose M. Almonte

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

12759 NW 99 Place

Suite, Apt. #, Etc.

600005694186-1

-06/06/02--01033--05

***317.50 ***317.50

City

HIALEAH Gardens

State

FL

Zip Code

33018

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

Jose M. Almonte

REGISTERED AGENT MUST SIGN

Date

05-15-02

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 |
|--------|--------------------------------------|---|--------------------------|
| Owner | Jose M. Almonte | 12759 NW 99 Place | Miami Florida 33018 |
| | | | HIALEAH Gardens FL 33018 |
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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:

Jose M. Almonte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-15-02 786-859-7672

Date

Daytime Phone #

CR2E081 (9/01)