

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 Nov 04 AM 11:04

DOCUMENT # P00000111231

1. Corporation Name

Pollo King Corporation

2. Principal Office Address

1618 W 68 St

Suite, Apt. #, etc.

City & State

Hialeah, FLA

Zip

33014

Country

U.S.A.

3. Mailing Office Address

3655 West 16 Ave #6

Suite, Apt. #, etc.

City & State

Hialeah
FLA

Zip

33012

Country

U.S.A.

REINSTATEMENT

04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1060800

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ivan Hernandez

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

1618 W. 68 St

Suite, Apt. #, Etc.

City

Hialeah

State
FL

Zip Code

33014

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

10-23-04

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
P/O	Ivan Hernandez	700 N.W. 73 Ave. Hollywood, FL	33024
JO	Martha Gutierrez	" "	" "

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-04 (305) 362-9139

Date

Daytime Phone #

CR2E081 (10/02)

Per Pet 11/14
Baker

October 23, 2004
Re: Pollo King Corporation
Document # P00000111231

Division of Corporations
Reinstatement Section
Tallahassee, Fla.

Gentleman: The reference of this letter is to inform to the "Reinstatement Section" as I spoke to an agent into your Dept, and I am sending the explanation in writing, that I sent a check in 4/08/04 to pay my Annual Report but my company checking account had to be closed because it was stolen, I had to travel outside the State for few months, and I did not receive any letter or information up to now, that I am back to continue in business. I am sorry for all this inconvenience but I was really in hard situation, and I forgot about this check. I appreciate my Corporation to be restate. I am sending a check for \$160.00 and the Reinstatement Form, please help me in this matter, and I thank you again for this help. any further assistance, please inform me at respect.

Sincerely,

x 