

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 16 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000111421

**1. Corporation Name**

El Bodegon Caribeno, Inc.

800021588248  
07/16/03--01028--006 \*\*1050.00

**REINSTATEMENT** 01-07

**2. Principal Office Address**

13642 Hawkeye Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32837

Country

USA

**3. Mailing Office Address**

13642 Hawkeye Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32837

Country

USA

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

11/30/00

**5. FEI Number**

593684882

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

Mayra Pimentel

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

13642 Hawkeye Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

**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

*Mayra Pimentel*  
REGISTERED AGENT MUST SIGN

Date

X 07/14/03

**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
PSTD	Mayra Pimentel	13642 Hawkeye Dr.	Orlando, FL 32837

**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:

*Mayra Pimentel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 07/14/03 X 407.355-131

Daytime Phone #