

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 AUG 28 AM 8:27
SECRETARY OF STATE

DOCUMENT # P00000117744

1. Corporation Name

EL SENOR BOUNGY, INC.

2. Principal Office Address - No P.O. Box #

3613 Northside Court

Suite, Apt. #, etc.

City & State

Key West, Florida

Zip

33040

Country

USA

3. Mailing Office Address

PO Box 4693

Suite, Apt. #, etc.

City & State

Key West, Florida

Zip

33041

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business In Florida

12/28/2000

5. FEI Number

65-1082075

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Harold E. Wolfe, Jr., Esq.

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

2300 Palm Beach Lakes Boulevard

Suite, Apt. #, Etc.

Suite 302

City

West Palm Beach

State

FL

Zip Code

33409

100276547881
08/28/15--01022--002 **\$500.00

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

Harold E. Wolfe, Jr.

REGISTERED AGENT MUST SIGN

Date

8/26/15

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	Danise D. Henriquez	3613 Northside Court	Key West, FL 33040
VP	Ralph Henriquez	3613 Northside Court	Key West, FL 33040
S/T	Harold E. Wolfe, Jr.	2300 Palm Beach Lakes Boulevard, Suite 302	West Palm Beach, FL 33409
			AUG 28 2015
			R. HUNT

REINSTATEMENT

10. E-mail Address: abravesmgr17@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Danise D. Henriquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/15

Date

305.295.5055

Daytime Phone #