

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 OCT 26 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



DOCUMENT # P01000012220

1. Entity Name
EL VACATASO CUBANO, INC.



Principal Place of Business
**1340 SW 57 AVE.
MIAMI, FL 33144**

Mailing Address
**2840 SW 76 AVE. (REAR)
MIAMI, FL 33155**

2. Principal Place of Business
4036 WINKLER AVE EXT. #201

3. Mailing Address
4036 WINKLER AVE EXT. #201

Suite, Apt. #, etc.
#201

City & State
FT. MYERS, FL

Zip
33916

Country
Lee

10052004 REIN-P CR2E098 (6/04)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOYOLA, ILEANA
2840 SW 76 AVE. (REAR)
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name **Loyola, Ileana**

Street Address (P.O. Box Number is Not Acceptable)
4036 WINKLER AVE. EXT. #201

City **FT. MYERS** FL Zip Code **33916**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **(VPSD) Ileana Loyola Ileana Loyola** DATE **10-4-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, GABRIEL C 2840 SW 76 AVE. (REAR) MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gabriel C. Sanchez 4036 WINKLER AVE. EXT. #201 FT. MYERS, FL 33916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LOYOLA, ILEANA 2840 SW 76 AVE. (REAR) MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD Ileana Loyola 4036 WINKLER AVE EXT. #201 FT. MYERS, FL 33916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ileana Loyola** DATE **10-4-04** DAYTIME PHONE # **239-274-3426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR