

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 25 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000051953*

1. Corporation Name

EL Paso of Mary Esther, Inc.

2. Principal Office Address

480 Mary Esther Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

100 John King Rd

Suite, Apt. #, etc.

City & State

Mary Esther, FL.

City & State

Crestview FL.

Zip

32569

Country

U.S.

Zip

32536

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5-18-2001

5. FEI Number

593735167

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status.

REINSTATEMENT *03-05*

7. Name and Address of Current Registered Agent

Name

Chavez, Roselio

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

480 Mary Esther Blvd

Suite, Apt. #, Etc.

City

Mary Esther

State

FL

Zip Code

32569

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

[Signature]

Date *3-24-05*

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>Chavez, Roselio</i>	<i>480 Mary Esther Blvd</i>	<i>Mary Esther, FL 32569</i>

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] Roselio Chavez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-24-05

Daytime Phone #

T. Roberts APR 14 2005