

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 25 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P01000072594

1. Corporation Name

EI COMPLETO, INC.

2. Principal Office Address

8205 NW 194th Tr

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip

Country

3. Mailing Office Address

8205 NW 194th Tr.

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip

Country

REINSTATEMENT

03-04

100029405821

02/25/04--01071--017 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

7/20/01

5. FEI Number

65-1121510

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

RUIZ, FRANCISCO

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

8205 NW 194th Terr

Suite, Apt. #, Etc.

City

HIALEAH FL

State

FL

Zip Code

33015

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]

REGISTERED AGENT MUST SIGN

Date

2/29/04

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
PSD	RUIZ, FRANCISCO R.	8205 NW 194th Terr	HIALEAH FL 33015

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

Date

2/29/04

Daytime Phone #

CR2001 (01/04)

February 22, 2004

Department of State
Division of Corporations
Tallahassee, FL 32314

Subject: El Completo, Inc. P01000072594

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2003 filing year. According to your records, you never received an annual report for our corporation. We never received any of the reports from Tallahassee. If we had received the reports, we would have sent them immediately. Last year we moved and a large portion of our mail was lost and misplaced. After a conversation with Tallahassee, we were told to send a reinstatement and a check for \$150.00 for 2003 and \$150.00 for the 2004 year. We apologize for any inconvenience this may have caused and ask that you accept our check for \$300.00 for the 2003 and 2004 filing year. We never meant to send the report late, if we would have received the report, we would have sent it on time. Please accept our apologies for any inconvenience this may have caused.

Please accept this check of \$300.00 for the annual report for 2003 and 2004. Thank you very much for your cooperation.

Sincerely,

Francisco Ruiz
President