

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000082423

1. Corporation Name

EL MUNDO SUPERMARKET, INC.

Principal Place of Business

3090 ALOMA AVENUE  
SUITE 145  
WINTER PARK FL 32792

Mailing Address

3090 ALOMA AVENUE  
SUITE 145  
WINTER PARK FL 32792

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	08/20/2001
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State	City & State	Not Applicable	
Zip	Country	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BURGOS, RAYMUNDO	554 IRIS STREET	ALTAMONTE SPRINGS FL 32714
D	BURGOS, LUIS A	402 SAN SEBASTIAN COURT, EAST	ALTAMONTE SPRINGS FL 32714
D	BURGOS, RAYMUNDO D JR.	2346 WINKLER AVENUE, #109	FT. MYERS FL 33906

8. Name and Address of Current Registered Agent

BURGOS, LUIS A  
402 SAN SEBASTIAN COURT, EAST  
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
FL		

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature Required*  
REGISTERED AGENT MUST SIGN

Date *12-20-02*

CR2040 (8/02)

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., 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: *Luis A. Burgos* / Luis A. Burgos 12-20-02 (407)673-7720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #