

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 AUG 13 PM 12:25

SECRETARY OF STATE
TALLahassee, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000093114

1. Corporation Name

EL SAUCE FINANCIAL, INC.

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

999 NE 125 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

5725 SW 77 TERR

Suite, Apt. #, etc.

City & State

N MIAMI, FLORIDA

City & State

SO. MIAMI, FL

Zip

33161

Country

USA

Zip

33143

Country

USA

REINSTATEMENT 02-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/2001

5. FEI Number
65-1144378☐ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ADRIAN S DEPPE

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

5725 SW 77 TERR

Suite, Apt. #, Etc.

City

SOUTH MIAMI

State

FL

Zip Code

33143

500184336285
08/13/10--01042--009 **1950.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 8-9-10

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
P/D	ADRIAN S DEPPE	5725 SW 77 TERR	SO MIAMI, FL 33143

10. E-mail Address:

(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 807 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 807.0401 or 617.0401, F.S., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-9-10 305-663-8100

8/16/10