

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 AM 9:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000017553**

1. Corporation Name

EL PRADO ENTERPRISES, INC.

Principal Place of Business

6775 CORAL REEF STREET
LAKE WORTH FL 33467

Mailing Address

6775 CORAL REEF STREET
LAKE WORTH FL 33467

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03



600025756986

12/24/03--01040--020 **150.00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	LYNCH, JAMES J	6775 CORAL REEF STREET	LAKE WORTH FL 33467
V	LYNCH, KATIA C	6775 CORAL REEF STREET	LAKE WORTH FL 33467

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

JAMES LYNCH

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

6775 CORAL REEF ST.

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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

James Lynch
REGISTERED AGENT MUST SIGN

Date

12/2/03

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)(l), 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:

James Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/03 (561)968-2868

Daytime Phone #

CR2E040 (7/03)

Department of State
Division Of Corporations
Attn:
P.O. Box 6327
Tallahassee, FL 32314

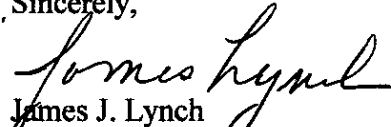
December 4, 2003

Reference: EL Prado Enterprises, Inc.

I received the last letter concerning the dissolution of my Corporation and do apologize for not re-newing it. This was the first letter that I received concerning the dissolution of the Corporation as there were other individuals that had been picking up mail that was addressed to me and failed to deliver it to me. This problem has been addressed.

Per our conversation of earlier this week, I am enclosing the \$150.00 re-instatement fee. Please call me at (561) 305-0320 upon receipt of this letter, application and fee, as it is very important to me that I get my Corporation re-instated. Thank you very much for your help in this matter.

Sincerely,


James J. Lynch
EL Prado Enterprises