

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS

06 FEB 16 PM 2:26

DOCUMENT # **P02000028052**

1. Corporation Name

EL RINCON DE QUISQUEYA, INC.

2. Principal Office Address

6180 NW 170 LN

Suite, Apt. #, etc.

3. Mailing Office Address

1394 NW 36 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33015

Country

DADE

Zip

33142

Country

DADE

300066884583

03/01/06--01008--018 **600.00

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

MARCH 7 2002

5. FEI Number

81-0597105

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

MARIANO MATOS

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

6180 NW 170 LN

Suite, Apt. #, Etc.

City

MIAMI

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

Mariano Matos

REGISTERED AGENT MUST SIGN

Date **2-14-06**

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	MARIANO MATOS	6180 NW 170 L	MIAMI 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 contained in Chapter 119, 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:

Mariano Matos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-06

Date

Daytime Phone #