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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUN 15 AM 9:06

FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000073156**

1. Corporation Name
EI Pollo Auto Repair Inc
W06-24313

2. Principal Office Address 97695 Orange Blossom Trail Suite, Apt. #, etc. # 38 City & State Orlando Zip 32837		3. Mailing Office Address SAME AS Suite, Apt. #, etc. City & State Zip Country USA	
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REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 07/03/2002	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 010732722	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
JHOBAN MATOS

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

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32824-5419

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]** Date: **5/17/06**

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) Owner	JHOBAN MATOS	541 wechsler Cir	Orlando FL 32824-5419

200076500942
06/21/06--01040--017 **300.00
200076500942
06/21/06--01040--018 **150.00

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: **[Signature]** Date: **5/17/06** (407) 816-8287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20F2

To Whom It May Concern:

By this letter I Jhojan Matos owner of El Pollo Auto Repair Inc. will like for your administration to waive any reinstatement charges for the 2004, 2005 reason being I never received any renewal notice about this matter. Thank you for your understanding.

P.S. Please verify mailing address on your files
Document # P02000073156
FEI# 010732722

Thank you,


Jhojan Matos
Owner