

FROM :MIRANDA REALTY CORP

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Mar. 04 2005 21:58 PM F2/2

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SECRETARY OF STATE
TREASURER, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000083114			
1. Corporation Name LA PARRILLA DE PANCHO INC.			
2. Principal Office Address 628 S. STATE ROAD 7 (441)		3. Mailing Office Address 628 S. STATE ROAD 7 (441)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARGATE, FL		City & State MARGATE, FL	
Zip 33068	Country UNITED STATES	Zip 33068	Country UNITED STATES

REINSTATEMENT 03-05

TR

4. Date Incorporated or Qualified To Do Business in Florida 08/01/2002	
5. FEI Number 81-0567922	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name ELIANA SERRANO	
Street Address (P.O. Box Number is Not Acceptable) 628 S. STATE ROAD 7 (441)	
Suite, Apt. #, Etc.	
City MARGATE	State FL
	Zip Code 33068

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 AgentDate **MARCH 4, 2005**

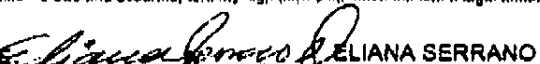
REGISTERED AGENT MUST SIGN

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
VP	ELIANA SERRANO	628 S. STATE ROAD 7 (441)	MARGATE, FL 33068
P	WILMAR CARDONA	628 S. STATE ROAD 7 (441)	MARGATE, FL 33068

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 under section 119.07(3)(b), 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



ELIANA SERRANO

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

MARCH 4, 2004

(954)975-8948

Date Daytime Phone #

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Florida Department of State
Division of Corporations
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From:

Account Name : CORPORATION SERVICE COMPANY
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CORPORATION REINSTATEMENT

LA PARRILLA DE PANCHO INC.

Certificate of Status	1
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