

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

APPROVED  
AND  
FILED

05 MAR 14 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO2000086681

**1. Corporation Name**

EL RINCONCITO SALVADORENO, INC

**2. Principal Office Address**

8029 KIMBERLY BLVD

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE

City & State

FLORIDA

Zip

33068

Country

BROWARD

Zip

Country

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

**5. FCI Number**  
08-0518250

**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

SANDRA TORRES

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

8029 KIMBERLY BLVD

Suite, Apt. #, Etc.

City

NORTH LAUDERDALE

State  
**FL**

Zip Code  
33309

**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

Date 02/14/2005

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
P	SANDRA TORRES	8029 KIMBERLY BLVD	NORTH LAUDERDALE FL 33068
VP	JUAN F HERNANDEZ	8029 KIMBERLY BLVD	NORTH LAUDERDALE 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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-721-3505

Daytime Phone #

CR2E081 (01/05)

292

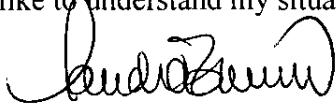
February 14, 2004

Dear Sir/Madam:

My Name is Sandra Torres owner of El rincconcito Salvadoreno located at 8029 Kimberly Blvd North Lauderdale Fl 33068 and Fed ID# 08-0518250. The reason of writing is to inform that I never recived any information in regard the annual report. Maybe this happen for year 2003 and 2004 maybe this happen because the register agent never advised me of this obligation due.

Please I'll like to understand my situation and accept my appologizes.

Sincerely



Sandra Torres

I'm sending you a check for the years I'm due.

2003  
2004  
2005

7  
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