


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000006515		
1. Entity Name EL PINO RESTAURANT, CORP.		

Principal Place of Business 701 W 27 ST. HIALEAH, FL 33010	Mailing Address 701 W 27 ST. HIALEAH, FL 33010
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

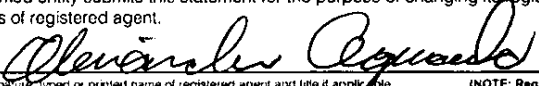
07102008 REIN-P CR2E098 (1/07)

4. FEI Number 65-1754321	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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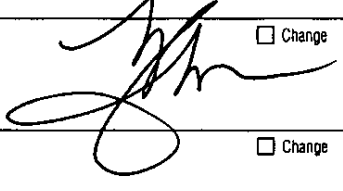
6. Name and Address of Current Registered Agent	
BERMUDEZ, JAQUELINE 2780 WEST 76TH STREET STE 211 HIALEAH, FL 33016-5621	


7. Name and Address of New Registered Agent	
Name ALEXANDER AGUADO	
Street Address (P.O. Box Number is Not Acceptable) 701 W. 27 STREET	
City HIALEAH	FL Zip Code 33010

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 7/9/08

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERMUDEZ, JAQUELINE 2780 WEST 76TH ST., STE 211 HIALEAH, FL 330165621 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALEXANDER AGUADO 701 W. 27 STREET HIALEAH FL 33010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
900133003319 07/16/08--01013--015 **300.00	
07-08	
REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	
 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 7/9/08 Daytime Phone #

FILED

08 JUL 16 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

