

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000045485

Entity Name: POLLO TIPICO, INC.

FILED
Dec 20, 2008
Secretary of State

Current Principal Place of Business:

5011 S. STATE RD 7
BAY 101-3
DAVIE, FL 333145637 US

New Principal Place of Business:

Current Mailing Address:

15841 PINES BLVD.
253
PEMBROKE PINES, FL 33027 US

New Mailing Address:

FEI Number: 14-1881042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALCEDO, DANILO
810 SW 191 AVENUE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DANILO SALCEDO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALCEDO, DANILO
Address: 15841 PINES BLVD. SUITE # 253
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: D () Delete
Name: SALCEDO, FRANCIA
Address: 15841 PINES BLVD., SUITE # 253
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: BONILLA, LUIS
Address: 5011 S STATE ROAD 7 BAY 101-3
City-St-Zip: DAIE, FL 33314 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS BONILLA

D

12/20/2008

Electronic Signature of Signing Officer or Director

Date