PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 22 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000055995

1. Corporation Name
SABOR LATINO OF SOUTH FLORIDA, INC.

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
8051 West 24 Avenue	8051 West 24 Avenue
Suite, Apt. #, etc. 17 & 18	Suite, Apt. #, etc. 17 & 18
City & State Hialeah Florida	City & State Hialeah Florida
Zip 33016 Country U.S.A.	Zip 33016 Country U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida 05/21/2003

5. FEI Number 42-1592657 ☐ 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: ALEX MERCADO

Street Address (P.O. Box Number is Not Acceptable): 8051 West 24 Avenue

200058530132
08/12/05--01043--002 **300.00

Suite, Apt. #, Etc.: 17 & 18

City: Hialeah | State: FL | Zip Code: 33016

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: Alex Mercado ALEX MERCADO
REGISTERED AGENT MUST SIGN

Date: 7/18/05

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
DDP	ALEX MERCADO	8051 West 24 Ave. #17-18	Hialeah Florida 33016

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: Alex Mercado ALEX MERCADO 7/21/2005 (305) 822-4080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #