

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/16/10--01035--003 ***1058.75

REINSTATEMENT 08-10

DOCUMENT # P04000061379

1. Corporation Name

EL BODEGON GROCERY #4, INC.

2. Principal Office Address - No P.O. Box #

4704 Forest Hill Blvd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33415

Country

USA

3. Mailing Office Address

12765 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite 1302

City & State

Wellington, FL

Zip

33414

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2004

5. FEI Number

20-1017474

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

Mario G. de Mendoza, III, P.A.

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

12765 Forest Hill Boulevard

Suite, Apt. #, Etc.

Suite 1302

City

Wellington

State

FL

Zip Code

33414

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date March 15, 2010

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/D	Carlos M. Ortiz	2160 Widener Terrace	Wellington, FL 33414
V/D	Gloria P. Rincon	135 Westwood Circle E	Royal Palm Beach, FL 33411
S/D	Carlos M. Rincon	157 Yacht Club Way, Apt. 303	Hypoluxo, FL 33462
T/D	Guillermo A. Rincon	14377 Wither Close	Wellington, FL 33414

10. E-mail Address: mgm@pblaw.us

(To be used for future annual report notification)

11. 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. I further certify, 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:

Carlos M. Ortiz, President

03/15/10

561-967-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #