


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000007766		
1. Entity Name EL TANCONTENTO, CORP.		

FILED
07 OCT 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1722 PLANTATION LANE WEST PALM BEACH, FL 33417 US	Mailing Address 1722 PLANTATION LANE WEST PALM BEACH, FL 33417 US
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2. Principal Place of Business - No P.O. Box # 9 470 SW 30th TERR Suite, Apt. #, etc. APT 1	3. Mailing Address 9470 SW 30TH TERRACE Suite, Apt. #, etc. APT 1
City & State OCALA, FLORIDA	City & State OCALA, FLORIDA
Zip 34476	Country USA

101620120098 (1/07)

REINSTATEMENT

6. Name and Address of Current Registered Agent JAIMES, ANTONIO 1722 PLANTATION LANE WEST PALM BEACH, FL 33417	
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4. FEI Number 20-2179230	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

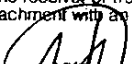
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JAIMES, ANTONIO 1722 PLANTATION LANE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **JAIMES, ANTONIO, P** 10/16/2007
Date Daytime Phone #