


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">FILED 08 NOV 19 AM 11:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold;">08</div>	
DOCUMENT # P05000041590				
1. Corporation Name RESTAURANT EL HONDURENO II, INC.				
2. Principal Office Address - No P.O. Box # 2298 NW 36 ST. Suite, Apt. #, etc.		3. Mailing Office Address 2298 NW 36 ST. Suite, Apt. #, etc.		
City & State MIAMI, FL.		City & State MIAMI, FL.		
Zip 33142	Country USA	Zip 33142	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 03-14-2005		5. FEI Number 76-0785452 <div style="border: 1px solid black; padding: 2px; display: inline-block;">Applied For Not Applicable</div>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent Name: JANET ESCOBAR Street Address (P.O. Box Number is Not Acceptable): 2493 NW 34 ST. Suite, Apt. #, Etc.: City: MIAMI, State: FL Zip Code: 33142				
<div style="border: 1px solid black; padding: 5px;"><input checked="" type="checkbox"/> 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.</div>				
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: <i>Janet Escobar</i> Date: November 14, 2008 REGISTERED AGENT MUST SIGN				
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	ADUMBERTO ALVARADO	2493 NW 34 ST.	MIAMI, FL. 33142	
V	JANET ESCOBAR	2493 NW 34 ST.	MIAMI, FL. 33142	
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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 contained in Chapter 119, 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: <i>Adumberto Alvarado</i>		ADUMBERTO ALVARADO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	
		November-14, 2008	305-633-5599	

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