

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000012360

1. Corporation Name

EL SEIBO CORP.

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

3360 NW 11 PLACE

Suite, Apt. #, etc.

103

City & State

MIAMI, FL

Zip

33127

Country

USA

3. Mailing Office Address

3360 NW 11 PLACE

Suite, Apt. #, etc.

103

City & State

MIAMI, FL 33127

Zip

33127

Country

USA

REINSTATEMENT 07-09

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 01/26/06

5. FEI Number
01-0855797

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

LUIS PEREZ

Street Address (P.O. Box Number is Not Acceptable)
3360 NW 11 PLACE

Suite, Apt. #, Etc.

103

City

MIAMI

State

FL

Zip Code

33127

☒ 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

[Signature]

Date 05/08/09

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
PD	LUIS PEREZ	3360 NW 11 PLACE # 103	MIAMI, FL 33127
VPD	AGNER ALEMAN	3360 NW 11 PLACE # 103	MIAMI, FL 33127

[Signature]
100156227631
05/20/09--01013--017 **458.75

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/08/09

Date

786-399-9378

Daytime Phone #