PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 16 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000104644

1. Corporation Name

EL CHASQUI USA COMPANY

100145937421
03/16/09--01051--008 **450.00

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
5743 FOXCROFT ROAD		5743 HOLLYWOOD BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
206		206	
City & State		City & State	
MIRAMAR		HOLLYWOOD, FLORIDA	
Zip	Country	Zip	Country
33025	US	33021	US

4. Date Incorporated or Qualified To Do Business in Florida 8/10/2006

5. FEI Number 20-5377164 ☐ 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
JOAQUIN SOTO

Street Address (P.O. Box Number is Not Acceptable)
3400 FOXCROFT ROAD

Suite, Apt. #, Etc.
206

City: MIRAMAR | State: FL | Zip Code: 33025

☒ 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 _____ Date 3/10/2009

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	SOTO, JOAQUIN	3400 FOXCROFT ROAD # 206	MIRAMAR, FL. 33025
VP	SOTO, KENNETH J	3400 FOXCROFT ROAD # 206	MIRAMAR, FL. 33025
DS	SOTO, JOSE L.	3400 FOXCROFT ROAD # 206	MIRAMAR, FL. 33025
DT	SOTO, CAROL	3400 FOXCROFT ROAD # 206	MIRAMAR, FL. 33025
D	SOTO, JOAQUIN FIDEL	3400 FOXCROFT ROAD # 206	MIRAMAR, FL. 33025
D	SOTO, ROBERT E.	3400 FOXCROFT ROAD # 206	MIRAMAR, FL. 33025

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: _____ JOAQUIN SOTO 3/10/2009 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #