

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000059433

1. Entity Name
EL ESTABLO HONDURENO IMPORT & EXPORT, CORP.



FILED

08 OCT -3 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~2469 N.W. 35 STREET~~
~~APT. #2~~
~~MIAMI, FL 33142~~

Mailing Address

~~2469 N.W. 35 STREET~~
~~APT. #2~~
~~MIAMI, FL 33142~~

2. Principal Place of Business - No P.O. Box #

5200 S.W. 4th St

Suite, Apt. #, etc.

3. Mailing Address

5200 S.W. 4th St

Suite, Apt. #, etc.



09302008 REINSTATEMENT CR2E098 (1/07) 08

City & State

Miami Fla.

Zip

33134

Country

U.S.A.

City & State

Miami Fla.

Zip

33134

Country

U.S.A.

4. FEI Number

20-3655126

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, LOURDES Y
3511 N.W. 14 TERRACE
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name Lourdes Y. Sanchez

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

5200 S.W. 4th St.

City Miami

FL

Zip Code

33134

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: *Lourdes Y. Sanchez*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/01/08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SANCHEZ, LOURDES Y
STREET ADDRESS 3511 N.W. 14 TERRACE
CITY-ST-ZIP MIAMI, FL 33125 ☐ Delete

TITLE *Prs*
NAME *Gilma Azucena Sanchez*
STREET ADDRESS *5200 S.W. 4th St.*
CITY-ST-ZIP *Miami Fla. 33134* ☐ Delete *20700000*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Prs*
NAME *Lourdes Y. Sanchez*
STREET ADDRESS *5200 S.W. 4th St.*
CITY-ST-ZIP *Miami Fla. 33134* ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
7001366096
10/03/08--01045--008 ***150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
790/3

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lourdes Y. Sanchez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/01/08