

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P07000087006**

1. Corporation Name

**EL TORITO GROCERY, INC.**

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

**5085 45TH ST**

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

**VERO BEACH, FL**

City & State

Zip

**32967**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/26/2007**

5. FEI Number  
**26-0595460**

☐ 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

**ERIKA HERNANDEZ**

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

**210 N. 19TH ST**

Suite, Apt. #, Etc

City

**FT. PIERCE**

State

**FL**

Zip Code

**34950**

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

REGISTERED AGENT MUST SIGN

Date **07/17/2010**

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
PRES. & TR.	RODOLFO RAMIREZ	5085 45TH ST	VERO BEACH, FL32967
V.P. & SEC.	GRISELDA RAMIREZ	5085 45TH ST.	VERO BEACH, FL32967

10. E-mail Address: **hernandezfamily0@bellsouth.net**

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Griselda Ramirez VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/17/2010**

**772-940-3265**

Date

Daytime Phone #

FILED

10 JUL 23 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07/23/10--01034--005 \*\*1050.00

**REINSTATEMENT 08-10**

CR2B081 (6/10)

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