PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**2019 JAN 31 PM 2:08**
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # P16000026331

1. Corporation Name
EL ENCANTO TRAVEL, INC.

000324152590
01/31/19--01004--010 **750.00

CR2E081 (1/10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 211 East 4 Ave. | 211 East 4 Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Hialeah | City & State: FL |
| Zip: 33010 Country: | Zip: Country: |

4. Date Incorporated or Qualified To Do Business in Florida: 3/23/16

5. FEI Number: 81-2019858 ☐ 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: OSCAR DE JESUS Chang Luya
Street Address (P.O. Box Number Is Not Acceptable): 211 EAST 4 AVE
Suite, Apt. #, Etc.:
City: Hialeah State: FL Zip Code: 33010

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: 03/23/2019
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 |
|---|---|---|---|
| D | OSCAR DE JESUS Chang Luya | | |
| | | 211 E. 4 ave. | Hialeah FL 33010 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: _____
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 03/23/2019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T MOORE
JAN 31 2019

**LAZARUS**
**CORPORATE FILING SERVICE**
3320 SW 87TH AVENUE
MIAMI, FL 33165 (305) 552-5973

19 JAN 31 AM 11:22

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (If known):

EL ENTANTO TRAVEL, INC
(Corporation Name) (Document #)

#P16000026931
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☑ Walk in ☑ Pick-up time 2.00 ☐ Certified copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

1/13)