

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV 12 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011246

1. Corporation Name

EL YUNKE DELIVERY, INC.

Principal Place of Business

2370 S.W. 17TH ST.
MIAMI FL 33145

Mailing Address

3865 W 10 DRIVE
HIALEAH FL 33012
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1990 W. 56 ST. #1429

3. New Mailing Office Address, If Applicable

1990 W. 56 ST. #1429

Suite, Apt. #, etc.

HIALEAH, FL.

Suite, Apt. #, etc.

HIALEAH FL.

City & State

Zip 33012

Country DADE

City & State

Zip 33012

Country DADE

4. Date Incorporated or Qualified
To Do Business In Florida

12/11/1992

5. FEI Number

05-0374084

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ []

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	HERNANDEZ, ARNALDO J	2370 S.W. 17TH ST.	MIAMI FL 33145
VD	HERNANDEZ, GLADIS	2370 S.W. 17TH ST.	MIAMI FL 33145
STD	HERNANDEZ, ARNALDO C	2370 S.W. 17TH ST.	MIAMI FL 33145

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-11/19/96--01081--003
****383.75 ****383.75

8. Name and Address of Current Registered Agent

HERNANDEZ, ARNALDO C
2370 S.W. 17TH ST.
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name ARNALDO C. HERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
1990 W 56 ST.
Suite, Apt. #, Etc.
apt # 1429
City HIALEAH
State FL Zip Code 33012

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Arnaldo C. Hernandez
REGISTERED AGENT MUST SIGN

Date 11-07-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Arnaldo C. Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-07-96 (303) 632-7509