

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 17 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066773

1. Corporation Name

EL PICOTE GROCERY, INC.

2. Principal Office Address

29353 S.W. 152nd
Suite, Apt. #, etc. Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Homestead - FL

City & State

Zip

33033

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0437655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

500036524305

05/17/04--01082--009 **158.75

11/05/03 01064 004 \$750.00

7. Name and Address of Current Registered Agent

Name

Accounting Solutions of Homestead

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

123 N. Krome Avenue

Suite, Apt. #, Etc.

#103

City

Homestead, FL

State

FL

Zip Code

33030

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

Jessica Carrillo

Date

5/12/04

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
DP	Oscar Pacheco	14352 SW. 272 ND St	Homestead, FL 33033
DV	Jose D. Martinez	1305 Laura Lane	Homestead, FL 33030

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/04 305/242/280

Date

Daytime Phone #

CR2E081 (01/04)