




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		<p>99 AUG -6 PM 12:53</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT # P93000071014 (3)					
1. Corporation Name EL RINCON HISPANO, INC.					
Mailing Address 2357 N.W. 7th Street #4 Miami Florida 33125		Principal Place of Business 2357 N.W. 7th Street #4 Miami Florida 33125			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 10/12/1993	
				5. FEI Number 65-0444155	
				Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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		
1	2	3	4		
DP	RAFAEL RAMON VELAZQUEZ	2357 N.W. 7th Street #4	Miami Florida 33125		
				900002956389--8 -08/10/99--01089--021 ****300.00 ****300.00	
				900002956389--8 -08/10/99--01089--025 ****300.00 ****300.00	
				900002956389--8 -08/10/99--01089--022 ****300.00 ****300.00	
				900002956389--8 -08/10/99--01089--024 ****300.00 ****300.00	
8. Name and Address of Current Registered Agent ROJAS, SERGIO A. 765 West 35 St Hialeah Fl 33012			9. Name and Address of Current Registered Agent Name RAFAEL RAMON VELAZQUEZ Street Address (P.O. Box Number is Not Acceptable) 2357 N.W. 7 St. #4 Suite, Apt. #, Etc. 4 City Miami		
			900002956389--8 -08/10/99--01089--023 ****300.00 ****300.00		
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 		RAFAEL R. VELAZQUEZ REGISTERED AGENT MUST SIGN		Date AUGUST 4, 1999.	
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: 		RAFAEL RAMON VELAZQUEZ		8/4/1999 (305) 362-9139	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR20040 (6-94)