

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 20 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000072591**

1. Corporation Name
EL PILON CAFE, INC.

Principal Place of Business 411 SOUTH MACDILL AVENUE TAMPA FL 33609	Mailing Address 411 SOUTH MACDILL AVENUE TAMPA FL 33609
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/04/1994	
City & State		City & State		5. -FEI Number: 65-0534805	
Zip		Country		Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED L	

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	City / State / Zip
PSTD	ARAMAYO, PEDRO	411 SOUTH MACDILL AVENUE	TAMPA FL 33609
VPD	ARAMAYO, SANDY	411 SOUTH MACDILL AVENUE	TAMPA FL
			000003116540--0 -01/31/00--01113--023 ***750.00 ***750.00
			REINSTATEMENT 99-000
			000003116540--0 -01/31/00--01113--024 ***150.00 ***150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PEDRO ARAMAYO 411 SOUTH MACDILL AVENUE TAMPA FL 33609		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State Zip Code FL	

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: *[Signature]* REGISTERED AGENT MUST SIGN

Date: 1/5/2000

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 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

Date: 12-15-99 Daytime Phone #: 8138715252