

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 12:24

DOCUMENT # P94000091065

1. Corporation Name

EL TRONCO Y, INC.

Principal Place of Business

1125 W 29 STREET
HIALEAH FL 33012

Mailing Address

1125 W 29 STREET
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1994

5. FEI Number

65-0552531

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒ \$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	City / State / Zip
1	2	3	4
P	BRITO, MARIO G.	1240 W 81 PLACE	HIALEAH FL 33012
S	BRITO, ZORANDA	1240 W 81 PLACE	HIALEAH FL 33012
F	PACHECO, ALODIE	865 W 74 STREET APT 110	HIALEAH FL 33012
P	ELIER BERNUDEZ	201 NW 59 COURT	MIAMI FL 33126
ST	EDITH L. BROCHTE	200 NW 57 COURT	MIAMI FL 33126

8. Name and Address of Current Registered Agent

~~BRITO MIGUEL, ZORANDA~~
~~1240 WEST 81 PL~~
~~HIALEAH FL 33012~~

9. Name and Address of New Registered Agent

Name

ELIER BERNUDEZ

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

201 NW 59 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/09/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/09/02 305-863-3152

CR2E040 (8/02)