

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

06 AUG 21 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000094230

1. Corporation Name

EL GALLEGUITO OF SPAIN, CORP.

2. Principal Office Address

4010 SW 124 Ct

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33175

Country

USA

3. Mailing Office Address

4010 S.W. 124 Court

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33175

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1994

5. FEI Number

65-0543984

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-06

7. Name and Address of Current Registered Agent

Name

ANGEL GARRIDO

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

4010 S.W. 124 Court

Suite, Apt. #, Etc.

Miami Florida

City

State

FL

Zip Code

33175

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

Angel Garrido
REGISTERED AGENT MUST SIGN

Date 8-19-06

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
PD	GARRIDO, ANGEL	4010 S.W. 124th Court	Miami FL.33175
	<i>\$18/21</i>		200079047312 08/23/06--01026--011 **1500.00

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:

Angel Garrido
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-06

Date

Daytime Phone #

CR2E081 (8/01)