PLEASE READ	ALL INSTRUCTION	S BEFORE (	OMPLETI	NG THIS FORM		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMI Sandra B. M. Secretary of DIVISION OF CORP	ENT OF STATE ortham State	7	FILED	•	
DOCUMENT # P95000047022 .				98 MAY -8 AM 11: 57		
EL PUERTO Caribe Inc			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address				VERMINOSIE		
800 SW 8th St Hiami FL 331		R	EINST/	ATEMENT	98	
If above addresses are incorrect in any way, line thro  2. New Principal Office Address. If Applicable		er correction below.	4 Date Incores	proted or Qualified	- 00 - 00	
Suite, Apt. #. etc. Suite. Apt. #, etc.			To Do Business in Florida  5. FEI Number  Applied For			
City & State Zip Country	City & State Zip Cour	ntry	6.		Not Applicable  Real Hard required Community of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation  Title(s) Name of Officers Street  And/or Directors Officer  Officer			1	City / State /	Zin	
P Ana L. Vara	3 (Do NOT	SW 1844	Numbers)	HIRAMAR EL		
9 Yenni Vargas 12631		sw 18	st	Ulramar F		
Delete Georgina Lopez 1924		มพ23	CIRPL	WAN FO	22055	
,			N <sup>201</sup> 1'0 Nu			
			11.1	000002:52:01:0		
Name and Address of Current Registered Agent			9. Name and A	त्रकता USU, UU अप ddress of New Registered Agei		
Robert W. Pelier Esa.		Street Address (P.O. Box Number is Not Acceptable)				
Ste 201   Ave		Suite, Apt. #, Etc.	1 300	State Z	n Corte	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the			J) oligations of Section	FL 3	88027	
Signature of Registered Agen A Rec	GISTERED AGENT MUST SIGN			Date		
This corporation owes or ha Intangible Personal Property		ear Yes 🗹	_ No□	(See other side for on intengible		
12. 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: MA LVA	ANA ITED NAME OF SIGNING OFFICER OF	L. Varg	as	Dato Daytime	854 CD85	