

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>7050000 71919</u> 1. Corporation Name <u>EL ESPESO DE LA VANIDAD</u>			
Principal Place of Business <u>8877 COLLINS AVE PH 5</u> <u>SURFSIDE FL 33154</u>		Mailing Address	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
<u>11-15-95</u>		<u>65-0612052</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		\$8.75 Additional Fee required for a Certificate of Status	
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<u>PRES</u>	<u>SAUIER SANJUANBENITO</u>	<u>8877 COLLINS AVE PH 5</u>	<u>SURFSIDE FL 33154</u>
<u>Vice-Pres</u>	<u>EMILIO SALIQUET</u>	<u>8877 COLLINS AVE PH 5</u>	<u>SURFSIDE FL 33154</u>
			<u>200002420522--9</u>
			<u>-02/03/98--01097--016</u>
			<u>***1050.00 ***1050.00</u>
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>SAUIER SANJUANBENITO</u> <u>8877 COLLINS AVE PH 5</u> <u>SURFSIDE FL 33154</u>		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <u>FL</u> Zip Code	
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 <u>[Signature]</u>		Date <u>1/26/98</u>	
11. 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.)			
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>S. S.</u>		Date <u>1/26/98</u> 305-8640692 Daytime Phone #	

FILED

98 JAN 28 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 910-98

CR2E040 (12/96)