

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 30 PM 2:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000025118**

1. Corporation Name

EL TOGON ENTERPRISE INC.

2. Principal Office Address

106 S. HALE

Suite, Apt. #, etc.

215

City & State

TAMPA, FL.

Zip

33609

Country

HILLSBOROUGH

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3372009

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EDGARDO ALVERIO

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

106 S. HALE AVE

Suite, Apt. #, Etc.

APT. # 215

City

TAMPA,

State

FL

Zip Code

33609

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

Edgardo Alverio
REGISTERED AGENT MUST SIGN

Date **3/29/01**

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
PRES.	EDGARDO ALVERIO	106 S. HALE AVE. #215	TAMPA, FL. 33609

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:

Edgardo Alverio

EDGARDO ALVERIO

3/29/01

Date

813 288-0500

Daytime Phone #

CR2E081 (9/00)