PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 24 PM 4:31

DOCUMENT # P98000042536

1. Corporation Name
EL RINCON MEJICANO RESTAURANT, INC.
4907 N. ARMENIA AVE
TAMPA, FL 33614

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
4907 N ARMENIA AVE	4907 N. ARMENIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TAMPA, FL	TAMPA, FL
Zip 33614 Country HILLSBOROUGH	Zip 33614 Country HILLSBOROUGH

4. Date Incorporated or Qualified To Do Business in Florida 5/8/98

5. FEI Number 59-3400524 ☐ 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: JUANITA LUGO

100004672921--5
-11/08/01--01070-012
****8.75 ****8.75

Street Address (P.O. Box Number is Not Acceptable): 4907 N ARMENIA AVE

Suite, Apt. #, Etc.

City: TAMPA State: FL Zip Code: 33614

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: Juanita Lugo (R) — REGISTERED AGENT MUST SIGN — Date: 10/21/01

CR2E881 (9/00)

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
P, D	JUANITA LUGO	4907 N. ARMENIA AVE TAMPA, FL 33614	TAMPA FL 33614

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: Juanita Lugo (R) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/21/01 — Daytime Phone #