

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **P98000066044**

1. Corporation Name

EL HIPPOPOTAMO, INC.

Principal Place of Business

14681 S.W. 104TH STREET
MIAMI FL 33186

Mailing Address

14681 S.W. 104TH STREET
MIAMI FL 33186

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

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1998

5. FEI Number

65-0860131

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BALBUENA, HADY	11313 S.W. 114TH CIRCLE TERRACE	MIAMI FL 33176
D	COLLAZO, AURORA	11341 S.W. 114TH CIRCLE TERRACE	MIAMI FL 33176
D	ARQCHA MAYOR / 04	11322 SW 114 Circle Terrace	MIAMI FL 33176
			600003534066--4 -01/12/01--01008--008 ****550.00 ****550.00
			SP

8. Name and Address of Current Registered Agent

~~BALBUENA, HADY~~
~~14681 S.W. 104TH STREET~~
~~MIAMI FL 33186~~

9. Name and Address of New Registered Agent

Name **AURORA COLLAZO**
Street Address (P.O. Box Number is Not Acceptable)
11341 SW 114TH CIRCLE TERRACE
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33176**

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

REGISTERED AGENT MUST SIGN

Date

12/26/00

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/26/00

CR2E040 (8/00)

292

Fla Dept State
Division of Corporations
Reinstatement Section.

December, 22 2000

Re: El Hippopotamo, Inc
P 94000083981

Gentlemen:

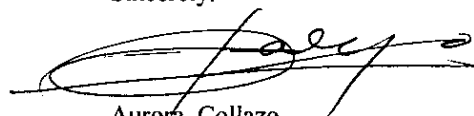
Please find enclosed copy of our UBR filed late on 07/16/2000 due to a change on the ownership of the corporation. According to our records the check for \$550.00 never went to our bank and after a call to the Division, we realized that the report never was received, therefore the corporation was dissolved.

Please find enclosed also application for the reinstatement of our corporation and check for \$550.00 to cover the late filing of our UBR.

We respectfully request to your Section, the waive of any other additional fees since we are in the first business year with a lot of economical difficulties

Thanking in advance for your attention to this matter.

Sincerely.

A handwritten signature in dark ink, appearing to read 'Aurora Collazo', written over a horizontal line.

Aurora Collazo
President