

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 12 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000085501**

1. Corporation Name

EL SOL HISPANO, INC.

2. Principal Office Address

P.O. Box 120966

3. Mailing Office Address

P.O. Box 120966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

Zip

34712

Country

USA

Zip

34712

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1998

5. FEI Number

59-3536120

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AURA BONFANTI KENNEDY

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

15708 GREATER TRAIL

Suite, Apt. #, Etc.

City

CLERMONT

State
FL

Zip Code
34711

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

Aura Kennedy

REGISTERED AGENT MUST SIGN

Date

7/9/01

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
Prt/Spd	Aura B. Kennedy	15708 Greater Trail	Clermont, FL 34711

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:

Aura B. Kennedy

Date

Daytime Phone #

7/9/01 (352)223-0823