PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 APR 19 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S30731

1. Corporation Name: LOS GANCITOS, CORP.
428 SW 79th Ct
Miami Florida 33144-2242

UBR
01-02

2. Principal Office Address	3. Mailing Office Address
428 SW 79th Ct	8559 Red Oak Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami , FLorida	City & State: Rancho Cucamonga CA
Zip: 33144-2242 Country: U.S.	Zip: 91730 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650243284 ☐ 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: LUIS SUAREZ a/k/a Luis J Suarez

Street Address (P.O. Box Number is Not Acceptable): 428 SW 79th Ct

Suite, Apt. #, Etc.: 301-4

City: Miami State: FL Zip Code: 33144

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****300.00 ****300.00

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: Luis J. Suarez Date: 4/1/02
REGISTERED AGENT MUST SIGN

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	Luis Suarez a/k/a Luis J. Suarez	428 SW 79th Ct	Miami Fl 33144
V	Amalia Suarez	428 SW 79th Ct	Miami Fl 33144
TSV	Barbara M Hill	8555 Red Oak Street	Rancho Cucamonga CA 91730-4823
V	Maria E Kehl	12530 Jamestown Pl	Chino CA 91710
V	Amalia Munoz	428 SW 79th Ct	Miami Fl 33144

10. I certify that I am an officer or director of 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: Barbara M Hill / Treasurer/Sec./ Vice=Pres. 4/1/02 305 261-4000 #614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #