


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V35308**

1. Corporation Name
EL OLIVO, INC

2. Principal Office Address
223 W CENTRAL AVE

3. Mailing Office Address
P O BOX 43

City & State
WINTER HAVEN FL

City & State
WINTER HAVEN FL

Zip
33880

Country
USA

FILED

05 OCT 11 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-05

4. Date Incorporated or Qualified To Do Business in Florida
05/01/1992

5. FEI Number
593123517

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
PAULA D VILLARREAL

Street Address (P.O. Box Number is Not Acceptable)
1106 SUNSHINE WAY SW

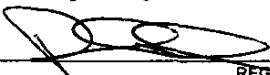
Suite, Apt. #, Etc.

City
WINTER HAVEN

State
FL

Zip Code
33880

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  Date **9-29-05**

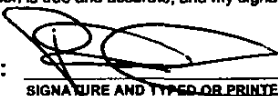
REGISTERED AGENT MUST SIGN

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	AMERICO VILLARREAL	1106 SUNSHINE WAY SW	WINTER HAVEN FL 33880
V-P	PAULA D VILLARREAL	1106 SUNSHINE WAY SW	WINTER HAVEN FL 33880
T/S	SAUL IBARRA	1106 SUNSHINE WAY SW	WINTER HAVEN FL 33880

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10/04/05--01010--007 **1373.73

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:  Date **9-29-05** Daytime Phone # **863-221-2010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

252

EL OLIVO INC

223 West Central ave
P O Box 43
WINTER HAVEN FL
(863) 293-5885

September 29, 2005

Department of State
Division of corporations
P O BOX 6327
TALLAHASSEE, FL 32314

Dear Sir/Madame

I am asking for pardon and a waiver of my penalties for not filing in timely fashion my corporate application, yearly. I Have not received my booklet to file since 1997.

Please use my mailing address of P O BOX 43 WINTER HAVEN FL 33882.

Sincerely,



PAULA VILLARREAL