


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N15871
 1. Corporation Name
LA VID VERDADERA, INC.

Principal Place of Business Mailing Address

9603 BARNSIDE PL TAMPA FL 33635 US
 WILLIAM VELEZ JR
 1705 HARTLEY RD
 TAMPA FL 33619 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED
 04 MAY 27 PM 1:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 0301

4. Date Incorporated or Qualified To Do Business in Florida **07/15/1986**

5. FEI Number **59-2870396** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

2. New Principal Office Address, If Applicable
 William VELEZ
 1412 S-Kings Ave.
 Brandon - FL

3. New Mailing Office Address, If Applicable
 1412 S-Kings Ave.
 BRANDON
 Florida

Zip **33511** Country **Hillbomony** Zip **33511** Country **Hillsbomony**

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	VELEZ, WILLIAM JR.	1707 HARTLEY RD.	TAMPA FL
SD	VELEZ, DAVID W / <i>New Agent</i> <i>Ermitt Vega</i>	PO BOX 16112	TAMPA FL 33687
TD	MARTINEZ, LIZANDRA I <i>↑</i>	15215 LIVINGSTON AVE #55	TAMPA FL 33549
	<i>SD</i>		700035750277 05/27/04--01055--001 **18.75
			700035750277 05/07/04--01042--013 **287.50

8. Name and Address of Current Registered Agent

MARTINEZ, LIZANDRA I
 15215 LIVINGSTON AVE. #55
 TAMPA FL 33549

9. Name and Address of New Registered Agent

Name **ERMITH VEGA TD**
 Street Address (P.O. Box Number is Not Acceptable)
6005 E. Columbus Dr.
 Suite, Apt. #: Etc.:
 City **TAMPA** State **FL** Zip Code **33619-1646**

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. or 617.0505, F.S.

Signature of Registered Agent *Ermitt Vega* Date *March 15-04*
 REGISTERED AGENT MUST SIGN

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: *William Velez* *Praston* Date *March 15-04* Daytime Phone # *453-5098*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)