

#300.

102

FILED

04 FEB 11 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

MRS

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---

DOCUMENT # P00000110612 1. Corporation Name "La Comunidad" Corporation
--

Principal Place of Business	Mailing Address
-----------------------------	-----------------

2. Principal Place of Business 21 900 South Shore Drive Suite, Apt. #, etc. 22 City & State 23 Miami Beach FL Zip 24 33141	2a. Mailing Address 26 900 South Shore Drive Suite, Apt. #, etc. 27 City & State 28 Miami Beach FL Zip 29 33141
--	---

3. Date Incorporated or Qualified 11/27/2000	3a. Date of Last Report
4. FEI Number 65-1056457	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
--

10. Name and Address of New Registered Agent
81 Name IDA C. OVIES
82 Street Address (P.O. Box Number is Not Acceptable) 2307 DOUGLAS RD
83 STE 400
84 City MIAMI
FL 85 Zip Code 33145

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE IDA C. OVIES by T.Baez as attorney-in-fact 2/10/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Luis J. Molla 900 South Shore Drive Miami Beach, FL 33141 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joaquin M olla 900 South Shore Drive Miami Beach, FL 33141 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 900029296348 02/24/04--01025--007 **150.00
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 900029296348 02/24/04--01025--008 **150.00
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on attachment with an address.

SIGNATURE Luis J. Molla, by T.Baez as attorney-in-fact 2/10/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

292

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: "La Comunidad" Corporation

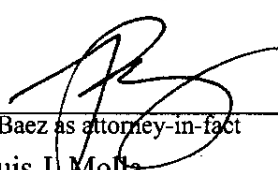
Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:  _____
by T.Baez as attorney-in-fact

Name: Luis J. Molta

Title: Director

Date: 2/10/04