

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 413563

1. Entity Name  
LA MODERNA-POESIA, INC.



Principal Place of Business

5739 NW 7TH ST.  
MIAMI, FL 33126

Mailing Address

5739 NW 7TH ST.  
MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ALVAREZ, MAGDALENA  
5739 NW 7TH ST.  
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Magdalena Alvarez, President*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/06/2008  
DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, MAGDALENA 5739 NW 7TH ST. MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUTIERREZ, ADA 5739 NW 7TH ST. MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVAREZ ORESTES JR. 5739 NW 7TH ST. MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, SUSANA 5739 NW 7TH ST. MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, AMERICA 5739 NW 7TH ST. MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11/10</i>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100137781622 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/10/08--01025--011 ***258.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100137781624 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/10/08--01025--010 ***500.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Magdalena Alvarez*

Magdalena Alvarez

11/06/2008

(305)262-1975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 NOV 10 PM 2:17



REINSTATEMENT

08

4. FEI Number  
59-1469059

Applied For  
Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required