

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 23 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **49938**

1. Corporation Name
La Golondrina Holdings Inc

Principal Place of Business Mailing Address
**508 Sweetwater Club Circle
Longwood Florida 32779**

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

2. New Principal Office Address, If Applicable **above**

3. New Mailing Office Address, If Applicable **above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT **95-98**

4. Date Incorporated or Qualified To Do Business in Florida **Mar. 29, 1988**

5. FEI Number
650095731

Applied For
Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Gerard Jean Rodriguez	508 Sweetwater Club Circle	Longwood FL 32779
Dir	Sonia Rodriguez	508 Sweetwater Club Circle	Longwood FL 32779
Dir	Joachim Rodriguez	508 Sweetwater Club Circle	Longwood FL 32779

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gerard Jean Rodriguez

Name **Gerard Jean Rodriguez**
Street Address (P.O. Box Number is Not Acceptable)
508 Sweetwater Club Circle
Suite, Apt. #, Etc.
City **Longwood** State **FL** Zip Code **32779**

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.

Signature of Registered Agent **Gerard Jean Rodriguez**
REGISTERED AGENT MUST SIGN

Date **Feb 20 1998**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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)(l), 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: **Gerard Jean Rodriguez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20 1998 **407 8621335**
Date Daytime Phone #

CR2E040 (12/96)