

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 24 PM 12:31

DOCUMENT # K80276

1. Corporation Name

LAS DELICIAS DEL MAR, INC.

Principal Place of Business

C/O CASTILLO, CARLOS A.  
564 E. HIALEAH DR.  
HIALEAH FL 33010  
US

Mailing Address

C/O CARLOS A. CASTILLO  
564 E HIALEAH DR.  
HIALEAH FL 33010



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/14/1989

5. FEI Number

65-0120245

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CASTILLO, ANA M	14315 S.W. 42 TERRACE	MIAMI FL 33175
			700004679667--1 -11/15/01--01003--015 *****150.00 *****150.00
			SP

8. Name and Address of Current Registered Agent

CASTILLO, ANA M  
14315 S.W. 42 TERRACE  
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*ANA CASTILLO*

Date

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:

*ANA CASTILLO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

LA DELICIAS DEL MAR, INC.  
564 HIALEAH DRIVE  
HIALEAH, FL 33010-5349

October 17, 2001

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

Gentlemen:

Herewith please find enclosed a check for \$ 150.00 for the year 2001 filing fee.

The form that you sent is a second notice and was received this past week. I was unaware the time for filing had already passed as I did not received a prior notice.

By means of this letter I am requesting that you waive the higher fee.

Cordially yours,

*Ana Castillo*