

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # M47656

1. Corporation Name  
LOS ANOS LOCOS INC.

Principal Place of Business

401 BISCAYNE BLVD  
SUITE 210 BAYSIDE  
MIAMI FL 33132

Mailing Address

401 BISCAYNE BLVD  
SUITE 210 BAYSIDE  
MIAMI FL 33132

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

03/04/1987

5. FEI Number

59-2781150

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<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip   |
|---------------|--|--|---|
| PD            | FILARDI, NORBERTO                      | 401 BISCAYNE BLVD  | MIAMI FL  |
| D             | FILARDI, ANA PATRICIA                  | 401 BISCAYNE BLVD  | MIAMI FL  |
|               |  |  | 000002350260--2<br>-11/18/97--01038--001<br>***165.00 ***165.00 |
|               |  |  |   |
|               |  |  |   |
|               |  |  |   |

8. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA  
% ARTURO J ABALLI, JR  
3000 MIAMI CENTER, 100 CHOPIN PLAZA  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name  
Norberto Filardi  
Street Address (P.O. Box Number is Not Acceptable)  
401 BISCAYNE BLVD  
Suite, Apt. #, Etc.

City Miami 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  
REGISTERED AGENT MUST SIGN

Date 11/1/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

11/1/97

Daytime Phone #

FILED  
97 NOV 14 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/97)

ID- 31-99

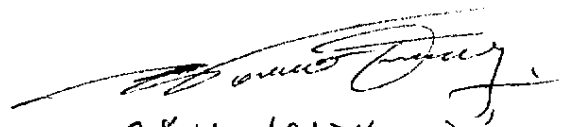
(2)

Florida Dept of State  
DIVISION OF CORPORATION

R: LOS ANOS Loxos Inc.  
M 47656 ANNUAL Corp Filing

DEAR REVENUE SERVICE:

I AM ENCLOSED the \$165<sup>00</sup> Fees that is  
due for the ANNUAL Report for 1997. Please accept  
this fees and ABATE the other charges of  
Renstatement. AS we have NOT RECEIVED ANY  
PRIOR CORRESPONDENCE TO FILE OUR ANNUAL RETURN.  
WE THANK YOU FOR ALLOWING US TO TO FILE THIS  
RETURN WITHOUT ANY PENALTIES etc.

  
EX # 10134