

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 27 AM 11:28

DOCUMENT # N0000000000701

1. Corporation Name

MEXICAN CULTURE ORGANIZATION, CORP.

100005253501--9

-04/11/02--01042--005

\*\*\*\*122.50 \*\*\*\*122.50

2. Principal Office Address

199 MILLS RD,

3. Mailing Office Address

199 MILLS RD

Suite, Apt., etc.

Suite, Apt., etc.

City & State

DELAND

City & State

DELAND

Zip

32724

Country

VOLUSIA

Zip

32724

Country

VOLUSIA

4. Date Incorporated or Qualified  
To Do Business in Florida

02-26-2000

5. FEI Number

59-3701173

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAGDALENA JAIMES

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

199 MILLS RD

Suite, Apt., Etc.

City

DELAND

State  
FL

Zip Code

32724

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 02-28-02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MARIA C. GALARZA	PO BOX 904	PIERSON, FL 32180
P	APOLONIA JAIMES	271 W DAVIS ST	DELEON SPRING, FL 3213
D	MAGDALENA JAIMES	199 MILLS RD	DELAND FL 32724
T	ANTONIO JAIMES	121 1/2 WOODLAND, BLVD	DELAND FL 32724

10. 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

MAGDALENA JAIMES

02/28/02

386-479-7525

Date

Daytime Phone #

199 Mills Road, Deland, Florida 32724

February 27, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32399

Dear Sir or Madam:

My name is Magdalena Jaimes I ask you to please reinstate my Organization what I do is a benefit for my community and I do not have directors or secretary because I do not need anybody. What I do is translate from English to Spanish and from Spanish to English and help my people in any way that I can. I had an address change but I had correspondence forwarded but I never receive any notices about the dissolved status of corp. from your office. My new address is 199 Mills Road, Deland, Florida 32724.

Sincerely,

Magdalena Jaimes

