

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 27 PM 1:48

DOCUMENT # N04000010775

1. Corporation Name

VIVA LAS CHICAS, INC.

2. Principal Office Address - No P.O. Box #

8625 E. BAY DR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 66866

Suite, Apt. #, etc.

City & State

TREASURE ISLAND FL

City & State

ST. PETE BEACH FL

Zip

33706

Country

USA

Zip

33736

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2004

5. FEI Number

731713494

☐ 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

MARY HEALEY

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

6380 17TH PL N.

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33710

REINSTATEMENT 09-10

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

Mary Healey

REGISTERED AGENT MUST SIGN

Date 10.14.2010

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
P	PAM TUSHAUS	8625 E. BAY DR.	TREASURE ISLAND FL 33706
VP	JENNIFER WORKMAN	869 46TH AVE. N.	ST PETERSBURG FL 33703
T	PAM TUSHAUS	8625 E. BAY DR.	TREASURE ISLAND FL 33706
S	MARY HEALEY	6380 17TH PL N.	ST PETERSBURG FL 33710
D	BRUCE SCHAEFFER	10447 La Mirage Ct	TAMPA FL 33615

10. E-mail Address: MHEALEY2@TAMPABAY.RR.COM

(To be used for future annual report notification)

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. I further certify, 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:

Mary Healey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.14.2010 7274635971