

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 11 PM 4:16

DOCUMENT # P00000011481

1. Corporation Name
LA PURISIMA, INC.

REINSTATEMENT 03-04

2. Principal Office Address
46 SW 36th. Avenue

3. Mailing Office Address
46 SW 36th. Avenue

of 900035162279
05/03/04--01015--009 **900.00
03-04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 02/02/2000

City & State
Miami, Florida

City & State
Miami, Florida

5. FEI Number Applied For
6500978551 Not Applicable

Zip Country
33135 USA

Zip Country
33135 USA

6. 650978551
CERTIFICATE OF STATUS DESIRED \$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SOCORRO SOZA
Street Address (P.O. Box Number is Not Acceptable)
3511 SW 7th. Street
Suite, Apt. #, Etc.
City
Miami

State Zip Code
FL 33135

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 Socorro Soza
REGISTERED AGENT MUST SIGN

Date 05/10/04

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/D	SOZA, SOCORRO	44 SW 36th AVENUE	Miami, FL 33135
V/D	OTERO, NELSO	44 SW 36th AVENUE	Miami, FL 33135

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: Socorro Soza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/24/04 305-446-6614
Daytime Phone #

CR2E081 (10/02)