

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUL -2 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000032590**

**1. Corporation Name**

LA TIENDA NUEVA, INC

2712 Orange Ave.  
P.O. Box 3638

**2. Principal Office Address**

2712 Orange Ave.

**3. Mailing Office Address**

P.O. Box 3638

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

Zip

34947

Country

US

Zip

34947

Country

US

**4. Date Incorporated or Qualified**

To Do Business in Florida 03/27/00

**5. FEI Number**

20-0548067

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Hernan L. Garcia

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

4903 Palm Drive

Suite, Apt. #, Etc.

City

Ft. Pierce

State

FL

Zip Code

34982

**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

Date

REGISTERED AGENT MUST SIGN

**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
Pres.	Hernan L. Garcia	4903 Palm Drive	Ft. Pierce, FL 34982

**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:**

Hernan Garcia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-2004 (772) 460-2287  
Date Daytime Phone #

CR2E081 (01/04)

242

June 16, 2004

La Tienda Nueva, Inc.  
P.O. Box 3638  
Ft. Pierce, FL 34947

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Administrator:

Recently it has come to our attention that our corporation has been administratively  
~~desolved because we did not file our annual report.~~

When we called concerning this, we were advised to fill out a reinstatement form  
(attached) and write a letter explaining what had happened.

Some time ago, we had gotten a PO Box and did not realize that the post office was going  
to stop delivering mail at our company location. The post office did not notify us of this  
change. Therefore, we did not receive our annual report information in the mail. The  
mailing address has been changed so we won't have this problem in the future.

Would you please let us know how we can resolve this issue.

Thank you for your assistance.

Sincerely,

*Hernan Garcia*  
Hernan Garcia