

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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05 DEC 15 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000095870

1. Entity Name
VIRGEN AMELIA GOIRE LA MILAGROSA, INC.



Principal Place of Business
4752 S.W. 7TH STREET
MIAMI, FL 33134

Mailing Address
4752 S.W. 7TH STREET
MIAMI, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

RECEIVED
4/8/05 90027 021 \$150.00
42122005 REIN-P CR2E098 (6/04)

4. FEI Number
65-1046403

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORA, ZORAIDA
4752 S.W. 7TH STREET
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name
Leonardo P. Mora

Street Address (P.O. Box Number is Not Acceptable)
4752 SW 7th St

City
Miami

FL Zip Code
33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 12/13/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORA, ZORAIDA 4752 S.W. 7TH STREET MIAMI, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEONARDO MORA 4752 S.W. 7 ST MIAMI FL 33134 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: DATE 12/13/05

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2012

VIRGEN AMELIA GOIRE LA MILAGROSA, INC
4752 SW 7TH STREET
Miami , Florida 33134

Miami, Dec 12, 2005
Re: VIRGEN AMELIA GOIRE LA MILAGROSA, INC
F.E.I. 65-10464036

Florida Department of State
P.O. Box 6198
Tallahassee, FL 32314

Gentlemen:

This letter is to inform you that we did not received the correspondence for **VIRGEN AMELIA GOIRE LA MILAGROSA, INC** from your office.

Enclosed please find Reinstatement Report for 2005 of the corp. along with proof of payment by check #143 for \$150.00 dated 04/02/05.

If you have any questions do not hesitate to contact us.

Very truly,



Leonardo Mora
President