

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 15 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000105061**

1. Corporation Name

LA PLACITA GROCERY, INC.

2. Principal Office Address

1508 Delaware Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1508 Delaware Ave

Suite, Apt. #, etc.

City & State

Fort Pierce FL 34950

Zip

Country

34950 ST. LUCIE

City & State

Fort Pierce FL 34950

Zip

Country

34950 ST. LUCIE

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/09/00

5. FEI Number

65-1062419

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

Dodson MAURY C.

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

4951 S. US-1

Suite, Apt. #, Etc.

City

FORT PIERCE

State
FL

Zip Code

34982

200004650102-7

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******750.00 ****750.00**

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

Maury C. Dodson
REGISTERED AGENT MUST SIGN

Date **10-07-01**

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	Jose P. Garcia	1019 Jamaica Ave	Fort Pierce FL 34982
D	Garcia Sandra O.	1019 Jamaica Ave	Fort 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/07/01 (561) 216-8192

CR2E081 (9/00)