

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 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000105171**

1. Corporation Name
LA FAVORITA MEXICANA, INC.

2. Principal Office Address
1900 Okeechobee Rd.
Suite, Apt. #, etc.

3. Mailing Office Address
1508 Delaware Ave
Suite, Apt. #, etc.

REINSTATEMENT

2001

City & State
Fort Pierce FL
Zip
34950
Country
ST. LUCIE

City & State
Fort Pierce Florida
Zip
34950
Country
ST. LUCIE

4. Date Incorporated or Qualified To Do Business in Florida **1-1-09/00**
5. FEI Number **65-106242**
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 E.
Street Address (P.O. Box Number is Not Acceptable)
4951 S. US-1
Suite, Apt. #, Etc.

700004650097-4
10/23/01-01056-012
******750.00 ****750.00**

City **FORT 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 **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	Garcia Jose P.	1019 Jamaica Ave	Ft. Pierce FL 34982
D	Garcia Sandra O.	1019 Jamaica Ave	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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/07/01** (541) 216-8192
Daytime Phone #

CR2E081 (9/00)