

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -3 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000105171

1. Corporation Name

LA FAVORITA MEXICANA, INC.

*SA*

700024222397  
10/29/03--01008--014 \*\*158.75

**REINSTATEMENT 2003**

2. Principal Office Address  
1900 Okeechobee Road

3. Mailing Office Address  
1508 Delaware Avenue

Suite, Apt. #, etc.

City & State  
Fort Pierce, FL

City & State  
Fort Pierce, FL

Zip Country  
34950 US

Zip Country  
34950 US

4. Date Incorporated or Qualified To Do Business in Florida 11/09/2000

5. FEI Number 651062424 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

WOP

7. Name and Address of Current Registered Agent

Name Garcia, Sandra O.  
Street Address (P.O. Box Number is Not Acceptable) 2626 South 10th Street  
Suite, Apt. #, Etc.  
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 *Sandra Garcia* Date 10/01/2003  
(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
D P	Garcia, Jose P.	2626 South 10th Street	Fort Pierce, FL 34982
D	Garcia, Sandra O.	2626 South 10th Street	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: *Sandra Garcia* Sandra O. Garcia, Director 10/01/2003 772-216-5549  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

DEAN, MEAD, MINTON & KLEIN

ATTORNEYS AND COUNSELORS AT LAW

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October 2, 2003

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

Re: Reinstatement of La Favorita Mexicana, Inc.  
Document #P00000105171

Dear Sir or Madam:

Enclosed is a Corporation Reinstatement form for the above-referenced corporation and the corporation's check in the amount of \$158.75 payable to the Department of State. Jose P. Garcia, the President of La Favorita Mexicana, Inc., informs us that he did not receive the 2003 Uniform Business Report for La Favorita Mexicana, Inc. and we ask that you waive the \$600.00 reinstatement fee that would otherwise be due.

Sincerely,



W. Lee Dobbins

WLD:klj  
Enclosures

cc: Jose P. Garcia

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