

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 DEC 28 PM 2:21

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000009177

1. Corporation Name

La michoacana Grocery
& Taqueria, Inc.

W09-54783

800163725448
12/17/09--01037--003 **150.00

800163725448
12/17/09--01037--004 **150.00

2. Principal Office Address - No P.O. Box #

2503 Indiana Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft. pierce

City & State

FL

Zip

34947

Country

USA

Zip

Country

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

105-1076467

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

Pedro Luna

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

2403 Royal Palm Dr.

Suite, Apt. #, Etc.

City

Ft. pierce

State

FL

Zip Code

34982

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Pedro Luna

REGISTERED AGENT MUST SIGN

Date 12/15/2009

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
<u>Owner Director</u>	<u>Pedro Luna</u>	<u>2403 Royal Palm Ft pierce FL 34982 Dr.</u>	<u>Ft pierce FL 34982</u>

12/28

10. E-mail Address: None

(To be used for future annual report notification)

11. 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. I further certify, 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:

Pedro Luna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2009 461-8980

Date

Daytime Phone #