

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 10 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014220

1. Corporation Name

ISLA GALAPAGOS, INC.

2. Principal Office Address

16851 N. E. 23rd Avenue

3. Mailing Office Address

Same as above.

Suite, Apt. #, etc.

Suite 409

Suite, Apt. #, etc.

City & State

North Miami Beach, Fl.

City & State

Zip

33160

Country

USA

Zip

Country

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

2/07/01

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

02-04

7. Name and Address of Current Registered Agent

Name

GABRIEL LINARDI

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

163 N. E. 19th Avenue

Suite, Apt. #, Etc.

Suite 112

City

North Miami Beach

State

FL

Zip Code

33162

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

Gabriel Linardi

REGISTERED AGENT MUST SIGN

Date 5/17/04

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
Pres.	HAYDEE DIAZ	16851 N., E. 23rd Ave. #409	NorthMiami Beach, Fl. 33160

600038206896
06/23/04--01087--021 **450.00

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

5/17/04 (305) 956-9923
Daytime Phone #

CR2E081 (10/02)

2 of 2

ISLA GALAPAGOS CATERING SERVICE
16851 N. E. 23rd Avenue
Suite 409
North Miami Beach, Florida 33160
Tel.- (305) 956-9923

May 17, 2004

Division of Corporations
Tallahassee, Florida.

Dear Division of Corporations:

On a previous occasions we informed the Division of Corporations of our new mailing address, and the importance of the mailing address to be changed immediately. As explained before hand, we are unable to receive mail ineffectively due to our address and leasing layout. We have now been informed that our corporation is inactive due to failure to file the UBR on time. We did not receive the document and as per the division of Corporations web access page, the mailing address has not been changed.

Due to this reason, we request that the penalty be abated and that the mailing address be updated, since on 3/24/04 we spoke to Justice from your office and ask to be sent \$450.00 for re-instatement.

Thank you in advance for your cooperation.

Sincerely Yours,


HAYDEE DIAZ
President