

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

03 JAN 29 PM 1:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000024255

1. Corporation Name

LA HACIENDA OF PENSACOLA, INC

2. Principal Office Address

21 WEST ROMANA ST.

Suite, Apt. #, etc.

PENSACOLA, FL

City & State

Zip

Country

32501-5818

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

100011876311

02/05/03--01017--007 \*\*158.75

4. Date Incorporated or Qualified  
 To Do Business in Florida

03/08/2001

5. FEI Number

59-3742952

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

BERNARDO BARRAGAN

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

21 WEST ROMANA STREET

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32501-5818

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

Date

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
P	BARRAGAN, BERNARDO	2268 WYATT ST	PENSACOLA FL 32511
V	BARRAGAN, GERONIMO	3326 COUNTRY MEADOW LN	PACE, FL 32571
S	BARRAGAN, GUILLERMINA	3326 COUNTRY MEADOW LN	PACE, FL 32571

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 #

*B. Barragan*

01-17-03

850-499-2130

CR2E081 (8/99)