PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 20 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000027513

Corporate Name

LA PLACITA MEXICO, INC

500012869425
02/20/03--01043--011 **150.00

2/12/03 01011 017 #750.00

2. Principal Office Address
201 N. 10th Street
Suite, Apt. # etc.

3. Mailing Office Address
201 N 10th Street
Suite, Apt. # etc.

City & State: Haines City, FL
Zip: 33844
County: US

City & State: Haines City, FL
Zip: 33844
Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03-13-2001

5. FEI Number: 59-3706405
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: Elia A. Quintana

REINSTATEMENT 02-03

Street Address (P.O. Box Number is Not Acceptable)
445 Avenue B NE
Suite, Apt. #, etc.

City: Winter Haven
State: FL
Zip Code: 33880

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0501 or 617.0503, F.S.

Signature of Registered Agent: X F Quintana
REGISTERED AGENT MUST SIGN
Date

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	Elia Quintana	445 Ave B NE Winter Haven	Winter Haven, FL 33880

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 X F Quintana Elia Quintana Pres. 01-31-03 407 9338592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #