

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. REVIEW AND FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY -7 AM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031736

1. Corporation Name

LA FINCA UNLIMITED SERVICES, INC

*AR*

2. Principal Office Address

1403 NW 23RD STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33142

Country

U.S.A.

3. Mailing Office Address

6381 SW 39TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33155

Country

U.S.A.

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/2001

5. FEI Number

65-1090146

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

PABLO MILIAN

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

6381 SW 39TH STREET

100018316911

05/07/03--01/01/05--005 \*\*900.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

*Pablo Milian*  
REGISTERED AGENT MUST SIGN

Date 04/21/2003

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-VP	PABLO MILIAN	6381 SW 39TH STREET	MIAMI, FL. 33155

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:

*Pablo Milian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/2003 (305) 528-5651

Date

Daytime Phone #

CR2001 (10/02)