

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JUL -8 AM 8:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-07

DOCUMENT # PD1000040779

1. Corporation Name

LAS MULETAS A.L.F. Inc.

2. Principal Office Address

3351 EAST 8th AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HiALEAH, Florida

City & State

Zip

33010

Country

US

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida

04/23/01

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

500021389935
07/08/03--01061--007 **158.75

7. Name and Address of Current Registered Agent

Name

Victor L. Garcia

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

3351 EAST 8th AVENUE

Suite, Apt. #, Etc.

City

HiALEAH

State

FL

Zip Code

33010

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

X Victor L. Garcia

REGISTERED AGENT MUST SIGN

Date

06/09/03

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
DP	Victor L. Garcia	3351 EAST 8th AVENUE	HiALEAH, FL 33010

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 Victor L. Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 696-9779

Daytime Phone #

CR2E081 (10/02)

7719

June 9, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

REF: Las Muletas A.L.F. Inc.
Document #P01000040779

To whom this may concern:

I am requesting that you waive the penalty fees for not filing my 2003 UBR Report due to the fact that I never received the UBR Report for this year. I have enclosed a money order for the amount of \$158.75 to reinstate it and also if you could be so kind as to mail me a "Certificate of Status". I have included in the money order the fee of \$8.75 for this certificate.

I need to expedite this because my renewal for my A.L.F. license is approaching and I need to submit this certificate along with my application.

Thank you very much,

Victor L. Garcia

Victor L. Garcia

VLG;bms
encl; (2)