

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB 25 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000077943

**1. Corporation Name**

MI RANCHITO OF LA BELLE, INC.

48 S. INDUSTRIAL RD.

Labelle, FL 33935

**2. Principal Office Address**

48 S. INDUSTRIAL RD.

Suite, Apt. #, etc.

City & State

LABELLE, FL

Zip

33935

Country

US

**3. Mailing Office Address**

62780 FRONTIER CIR.

Suite, Apt. #, etc.

City & State

LABELLE, FL

Zip

33935

Country

US

**4. Date Incorporated or Qualified**

To Do Business in Florida 08/08/2001

**5. FEI Number**

65-1131633

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

REYES SANDRA

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

62780 FRONTIER CIR.

Suite, Apt. #, Etc.

City

LABELLE

State

FL

Zip Code

33935

**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
PT	REYES SANTIAGO	62780 FRONTIER CIR.	LABELLE, FL 33935
VPS	REYES SANDRA	62780 FRONTIER CIR.	LABELLE, FL 33935

**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)(l), 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 #

CR2E081 (01/04)