

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JAN 14 PM 1:41

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000078066

1. Corporation Name

TEPACHE, INC.

Principal Place of Business

4480 E. ALHAMBRA CIRCLE
NAPLES FL 34103

Mailing Address

4480 E. ALHAMBRA CIRCLE
NAPLES FL 34103



300008955623
11/13/02--01019--003 **600.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/2001

5. FEI Number

59-3738655

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

City / State / Zip

PTD

JIMENEZ PARKER, MARTIN URIEL

4480 E. ALHAMBRA CIRCLE

NAPLES FL 34103

VP

JIMENEZ, GERARDO

4480 E. ALHAMBRA CIRCLE

NAPLES FL 34103

SD

JIMENEZ, LUIS

4480 E. ALHAMBRA CIRCLE

NAPLES FL 34103

REINSTATEMENT 2002

300008955623

01/14/03--01022--010 **150.00

8. Name and Address of Current Registered Agent

ROA BODIN, GLORIA
2655 LEJEUNE ROAD
SUITE #1001
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

JOEL MULLER

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

Suite, Apt. #, Etc.

City

State

Zip Code

NAPLES

FL

34102

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/9/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

239-596-3810