

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 14 AM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085079

1. Corporation Name

Bastidas Enterprises, Inc.

2. Principal Office Address

1384 E. Vine St.

Suite, Apt. #, etc.

1384

City & State

Kissimmee Fl.

Zip

34744

Country

USA

3. Mailing Office Address

1384 E. Vine St.

Suite, Apt. #, etc.

1384

City & State

Kissimmee Fl.

Zip

34744

Country

USA

700014912357

03/28/03--01054--001 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

August 27/2001

5. FEI Number

59-3741697

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

Alvaro Bastidas

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

4127 Mission Court # 101

Suite, Apt. #, Etc.

101

City

Kissimmee

State
FL

Zip Code

34741

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
Presid.	Alvaro Bastidas	4127 Mission Ct. # 101	Kissimmee Fl. 34741
Vicep.	Romelia Coral	4127 Mission Ct. # 101	Kissimmee Fl. 34741

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alvaro Bastidas

Date

03-25-03

Daytime Phone #

321-6970388

CR2E081 (10/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 19, 2003

BASTIDAS ENTERPRISES, INC.
1384 E. VINE STREET
KISSIMMEE, FL 34744

SUBJECT: BASTIDAS ENTERPRISES, INC.
Ref. Number: P01000085079

Pursuant to our telephone conversation of March 19, 2003, I am enclosing a blank reinstatement application.

Please be advised the above reference corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2002 corporate annual report/uniform business report form. Our records indicate the 2002 annual report/uniform business report was returned by the U.S. Postal Service as undeliverable. Therefore, we can waive the reinstatement fee, only the report fees for each year is required to make the corporation active.

The total amount required is \$300.00. Add an additional \$8.75 for each certificate of status requested.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 503A00016950