

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Division of Corporations
DL WBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 21 AM 8:01

DOCUMENT # *P01000094451*

1. Corporation Name

SORPRESA MEXICANA, INC.

2. Principal Office Address

5479 Hwy 29 S.

Suite, Apt. #, etc.

City & State

Labelle FL

Zip

33935

Country

Honry

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-24-01

5. FEI Number

65-1149317

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

PEDRO ENRIQUES

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

5479 Hwy 29 S

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-4-02

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
<i>P/S/H/O</i>	<i>PEDRO ENRIQUES</i>	<i>5479 HWY 29 S</i>	<i>LABELLE, FL. 33935</i>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-4-02

Daytime Phone #

CR2081 (9/01)

Sorpresa Mexicana, Inc.
5479 Hwy 29 South
Labelle, FL 33935

November 4th, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Reinstatement of our corporation:

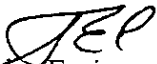
Dear Sirs/Madams:

It came to our attention recently that our corporation had been dissolved. We never received notices of this action.

It came to our attention that the address you have on file is incorrect. Please accept our check for \$150.00 and our reinstatement document. We ask that you waive the penalties under the circumstances.

Your cooperation in this matter is greatly appreciated.

Sincerely,


Pedro Enrique
President