

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 10 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

09/18/02 90051 031 \$5500

DOCUMENT # P01000106225

1. Corporation Name

LA BANDA, INC.

2. Principal Office Address

1581 Brickell Avenue

Suite, Apt. #, etc.

2003

City & State

Miami, FL 33129

Zip

33129

Country

USA

3. Mailing Office Address

1581 Brickell Avenue

Suite, Apt. #, etc.

2003

City & State

Miami, FL 33129

Zip

33129

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/2001

5. FEI Number

01-0628004

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

Pujols, Jose R ESQ.

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

2701 S.W. Le Jeune Road

200021569438

07/15/03--01057--011 \*\*15.00

Suite, Apt. #, Etc.

Suite 401

City

Coral Gables

State

FL

Zip Code

33134

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

4-1-03

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
DPST-	Castro-Calou, Jorge R	1581 Brickell Avenue #2003	Miami, FL 33129

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:

Castro-Calou Jorge R

5/01/2003

305-798-5795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)

7/10