

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000005817

1. Corporation Name

EL AMANECER LATINO #1, INC.

Principal Place of Business

4967 GOLDEN GATE PKWY
NAPLES FL 34116-6972

Mailing Address

4967 GOLDEN GATE PKWY
NAPLES FL 34116-6972

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2002

5. FEI Number

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	DIAZ, JITDEL A	2836A TROPICANA BLVD 4967 Golden Gate Pkwy	NAPLES FL 34116

300024390623
11/03/03--01108--009 **150.00

8. Name and Address of Current Registered Agent

DIAZ, JITDEL A
4967 GOLDEN GATE PKWY
NAPLES FL 34116-6972

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date C

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

El Amanecer Latino #1, Inc.
4967 Golden Gate Pkwy
Naples, FL 34116-6972

October 28th, 2003

Dept of State
Division of Corp
PO Box 6327
Tallahassee, FL 32314

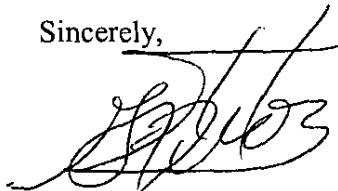
RE: Corporation admin dissolution for annual report

Dear DOS:

I recently received from DOS the enclosed Application for Reinstatement. We never received the UBR form to file the report. This is the first form we receive from you. Over the last six months, we have had mail delivered to our neighbors who then delivered it to us. Unfortunately, we never received a notice from you. During this period, we were doing a remodeling and addition to our space and that could have caused us not to receive the report.

We are enclosing a check in the amount of \$150.00, fee for 2003. Please accept this payment and consider waving the reinstatement fee off \$600 under these circumstances.

Sincerely,

A handwritten signature in black ink, appearing to read "Jitdel A. Diaz", with a stylized flourish at the end.

Jitdel A. Diaz
President
El Amanecer Latino #1, Inc..