

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAY -9 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031718

1. Corporation Name

MI TIERRA SPANISH GROCERY #1, INC.

REINSTATEMENT

05-07

2. Principal Office Address

1939 MOUND STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

Zip

32073

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 18, 2002

5. FEI Number

04-3645521

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

LOUIS DAVID

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

12627 SAN JOSE BOULEVARD, SUITE 306

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32223

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

Louis David

Date 4-3-07

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
P/T/S	RAYMUNDO L. JAIME	1939 MOUND STREET	ORANGE PARK, FL 32073
VP	CESAR GARCIA	1939 MOUND STREET	ORANGE PARK, FL 32073

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 contained in Chapter 119, 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:

Raymundo L. Jaime

RAYMUNDO L. JAIME

Date

904/707-8836

Daytime Phone #

207

Louis David

Certified Public Accountant

12627 San Jose Boulevard, #306

Jacksonville, Florida 32223

Tel: 904.288.6830 ♦ Fax: 904.288.6832

April 12, 2007

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Mi Tierra Spanish Grocery #1, Inc.
FEI No. 04-3645521

Dear Sir or Madam:

We are enclosing a Corporation Reinstatement Form for the above reference corporation.

On behalf of the corporation and as their Registered Agent, we respectfully request that the reinstatement fee be waived inasmuch as the corporation never received the original notices requesting annual renewal.

We are enclosing the fees for 2005 and 2006 in the amount of \$150 each totaling
~~\$300.00.~~
\$ 450

Thank you for your assistance in having this corporation reinstated.

Sincerely,

Louis David

Louis David
Certified Public Accountant

LD/srd

Enclosures – Corporation Reinstatement Form
Corporate check for ~~\$300.00~~
\$ 450.00
