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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 19 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700075550097
05/31/06--01021--005 **150.00

DOCUMENT # P02 0000 53860

1. Corporation Name

PLACITA MEXICO #1 INC -

2. Principal Office Address

1003 S. RIFLE RANGE RD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER HAVEN

City & State

Zip

33880

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

37-1430313

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

ELADIA GARCIA

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

2404 HURON CIRCLE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34746

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

Eladia Garcia

Date

5/2/06

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
PRES.	ELADIA GARCIA	2404 HURON CIRCLE	KISSIMMEE, FL 34746

REINSTATEMENT

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:

Eladia Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/4/06

Daytime Phone #

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**PLACITA MEXICO #1, INC.
1003 SOUTH RIFLE RANGE ROAD
WINTER HAVEN, FL 33880**

May 17, 2006

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

Re: Corporation Reinstatement

To Whom It May Concern:

Please be advised that I did not receive any notices in 2005, please waive the penalties,
and reinstate the corporation.

Attached please find the reinstatement application together with a check in the amount of
\$150.00

Thank you for your cooperation in this matter.

Sincerely,

Eladia Garcia
Eladia Garcia,
President