

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 13 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000059682**

1. Corporation Name

LLANES RESIDENCE HOME, ALF, CORP.

Principal Place of Business

4712 SW 143 AVE
MIAMI FL 33175

Mailing Address

4712 SW 143 AVE
MIAMI FL 33175

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

05/30/2002

5. FEI Number

300083073

Applied For

Not Applicable

-6.

CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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
P	LLANES, JUVENAL	4712 SW 143 AVE	MIAMI FL 33175
V	GARCIA, MARTINA C	4712 SW 143 AVE 13710 S.W. 19 TERRACE	MIAMI FL 33175

400024636814
11/13/03--01044--017 **158.75

8. Name and Address of Current Registered Agent

LLANES, JUVENAL
4712 SW 143 AVE
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name

MARTINA C. GARCIA

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

13710 S.W. 19 TERRACE

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State Zip Code

FL 33175

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

11/6/2003

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

/MARTINA GARCIA

Date

11/6/03

Daytime Phone #

305-3054935

CF2E040 (7/03)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314
Glenda E. Hood
Secretary of State

11/6/2003

Llanes Residence Home, ALF, Corp.
4712 S.W. 143 Ave.
Miami, Fl. 33175
Fl. Corp. Document # P02000059682

Ref: Corporation Reinstatement.

As per your instructions I am writing this letter stating that we did not receive any prior UBR notices from your office. The only letter that we received is your dissolved/ revoked notification letter. Since we are a small new corporation, we were not informed of the required renewal period by the accountant that filled out our corporation documents. For this reason, we are asking your office to waive the reinstatement fee and reinstate our corporation without a penalty. We have enclosed the required \$150.00 fee and assure you that we will be aware of our next filing date and renew our corporation in a timely manner.

Sincerely,



Martina Garcia, VP