

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 22 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900104887093
06/26/07--01047--014 **450.00

DOCUMENT # **P02 0000 85520**

1. Corporation Name **EL PAISANO LATIN MARKET, INC**

W070000015099

2. Principal Office Address - No P.O. Box #

3596 TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

City & State

Zip

33952

Country

USA

Zip

Country

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

22-3860694

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

GLADYS CAJAS

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

3596 TAMiami TRAIL

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33952

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Gladys Cajas

Date **05-10-07**

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
Director	El Paisano Latin Market Inc	3596 Tamiami Trail	Port Charlotte FL 33952
Pres	Gladys Cajas	3596 Tamiami Trail	Port Charlotte FL 33952

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:

Gladys Cajas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-07-07 - 941-766-1790
Date Daytime Phone #