

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000085520

1. Corporation Name

EL PAISANO LATIN MARKET INC.

Principal Place of Business

Mailing Address

3766 SLAYTON AVE.
NORTH PORT FL 34286

3766 SLAYTON AVE.
NORTH PORT FL 34286

FILED

03 DEC -9 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3696 TAMiami TR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3696 TAMiami TR

Suite, Apt. #, etc.

City/State

Forr CHARLOTTE FL

Zip

33952

Country

CHARLOTTE

City/State

Forr CHARLOTTE FL

Zip

33952

Country

CHARLOTTE

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/2002

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
PD	VALLE, GLADYS	3766 SLAYTON AVE.	NORTH PORT FL 34286

100025339991
12/09/03--01017--020 **150.00

8. Name and Address of Current Registered Agent

VALLE, GLADYS
3766 SLAYTON AVE.
NORTH PORT FL 34286

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/03

Date

Daytime Phone #

CR2E040 (7/03)

We are asking abatement of the Reinstatement fee. Ms. Valle, who is responsible for the filing and payment of the Corporations bills, was attacked and robbed the early part of the year. Enclosed are the police reports verifying the crime. She was hospitalized and can not find or remember receiving any annual reports, or any second filings, stating that the fee was unpaid.

We are enclosing a check for \$150.00, hoping that the forgiveness of the \$600.00 will be allowed.

98-8 FL008000	CHARLOTTE COUNTY SHERIFF'S OFFICE / PUNTA GORDA, 33987	DATE OF REPORT 01/25/2003	OCA NUMBER 03002164
INCIDENT / OFFENSE REPORT			
DISTRICT: 1 2 3 <input checked="" type="checkbox"/> 4 OTHER:	DISPATCH DATE: 01-25-03	TIME DISPATCHED: 0958	CROSS REFERENCE / INCIDENT NUMBER: 0922
INCIDENT DATE: 01-25-03	LOCATION OF INCIDENT: 3596 TAMiami TR EL PAISANO	CITY / STATE / ZIP: PT CHARLOTTE, FL	
OFFICER'S NAME / ID#: DFC K STEELE 0399			
OFFENSE TYPE: ARMED ROBBERY	STATUTE #1: 812.13.2.B	MISC <input checked="" type="checkbox"/> FEL <input type="checkbox"/> ATT <input checked="" type="checkbox"/> COMM	
OFFENSE TYPE:	STATUTE #2:	MISC <input type="checkbox"/> FEL <input type="checkbox"/> ATT <input type="checkbox"/> COMM	
OFFENSE TYPE:	STATUTE #3:	MISC <input type="checkbox"/> FEL <input type="checkbox"/> ATT <input type="checkbox"/> COMM	
TYPE OF REPORT (MARK ALL THAT APPLY):			
STATUS 1 <input checked="" type="checkbox"/> STATUS 2 <input type="checkbox"/> PHWALK-IN <input type="checkbox"/> SUPPLEMENT <input type="checkbox"/> DO <input type="checkbox"/> CIVIL <input type="checkbox"/> W/CHECK <input type="checkbox"/> INFORMATION <input type="checkbox"/> HATE CRIME <input type="checkbox"/> OTHER <input type="checkbox"/>			
TOTAL # OF DEFENDANTS:	NTA: YES <input type="checkbox"/> NO <input type="checkbox"/>	# OF STRUCTURES ENTERED:	FORCED ENTRY: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
RESIDENCE / SINGLE	DEPT / DISCOUNT STORE	<input checked="" type="checkbox"/> SPECIALTY STORE	GOV'T / PUBLIC BLDG
APARTMENT / CONDO	LIQUOR SALES	DRUG STORE / HOSPITAL	SCHOOL / UNIVERSITY
RESIDENCE-OTHER	BAR / NIGHT CLUB	BANK / FINANCIAL INST.	RELIGIOUS BUILDING
HOTEL / MOTEL	SUPERMARKET	COMM / OFFICE BLDG.	BUS / RAIL TERMINAL
CONVENIENCE STORE	GAS STATION	STORAGE	CONSTRUCTION SITE
JUVENILES IN REPORT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INVOLVED: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	WEAPON TYPE USED: FIREARM <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> OTHER DANGEROUS <input checked="" type="checkbox"/> HANDS/FEET/FISTS <input type="checkbox"/>	
IF CRIME FITS ANY OF BELOW LISTED CATEGORIES, COMPLETE ALL INFORMATION:			
ROBBERY: HIGHWAY <input type="checkbox"/> COMMERCIAL OTHER <input type="checkbox"/> GAS / SERVICE STATION <input type="checkbox"/> CONVENIENCE <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> BANK <input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/>			
BURGLARY (OF STRUCTURE ONLY): RESIDENCE <input type="checkbox"/> FORCIBLE ENTRY <input type="checkbox"/> NIGHT <input type="checkbox"/> <input checked="" type="checkbox"/> NON-RESIDENCE UNLAWFUL ENTRY <input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> DAY <input type="checkbox"/> UNKNOWN <input type="checkbox"/>			
LARCENY / THEFT: SHOPLIFTING <input type="checkbox"/> FROM MOTOR VEHICLE <input type="checkbox"/> FROM BUILDING <input type="checkbox"/> MV PARTS <input type="checkbox"/> <input checked="" type="checkbox"/> \$200 & OVER			
PURSE SNATCHING <input type="checkbox"/> POCKET PICKING <input type="checkbox"/> BICYCLE <input type="checkbox"/> FROM COIN OPERATED DEVICE <input checked="" type="checkbox"/> ALL OTHER <input type="checkbox"/> \$50 - \$199 <input type="checkbox"/> UNDER \$50 <input type="checkbox"/>			
VICTIM / COMP / WITNESS - BUSINESS OR PERSON			
<input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> WITNESS <input type="checkbox"/> OTHER <input type="checkbox"/>			
LAST NAME / FIRST / MIDDLE: VALLE, GLADYS D.O.B.: 02-24-64			
ADDRESS / APT#: 3766 SLAYTON AVE CITY / STATE / ZIP: N PORT FL, 34286			
RESIDENTIAL TELEPHONE NUMBER: 9414290377 CELL PHONE / PAGER NUMBER:			
IF JUVENILE, NAME OF RESPONSIBLE ADULT AND RELATIONSHIP:			
BUSINESS / SCHOOL NAME / ADDRESS: EL PAISANO 3596 TAMiami TR			
CITY / STATE / ZIP: PT CHARLOTTE, FL			
BUSINESS PHONE NUMBER: POSITION / TITLE: OWNER			
VICTIM TYPE: MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> LE <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> CHURCH <input type="checkbox"/> OTHER <input type="checkbox"/>			
ETHNICITY: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ORIENTAL / ASIAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> UNKNOWN <input type="checkbox"/>			
ONLY IF DOMESTIC			
VICTIM'S RELATIONSHIP TO OFFENDER: N/A <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER FAMILY <input type="checkbox"/> COHAB <input type="checkbox"/> OTHER <input type="checkbox"/>			
EXTENT OF INJURY: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL <input type="checkbox"/>			
DOMESTIC: HAS SUSPECT STRUCK VICTIM BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EXISTING RESTRAINING ORDER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
VICTIM OF DOMESTIC VIOLENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
PRIOR ARREST FOR SPOUSE ABUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WAS OFFENDER ARRESTED FOR THIS INCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DV / VIC PAMPHLET GIVEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			
NARRATIVE: VICTIM THAT WAS BEATEN AND MONEY TAKEN FROM BUSINESS			
CASE STATUS: OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> INACTIVE <input type="checkbox"/>			
ROUTED TO: MAJOR CRIMES <input type="checkbox"/> OTHER <input type="checkbox"/>			
CLEARANCE: ARREST <input type="checkbox"/> NTA <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> EXCEPTION <input type="checkbox"/> IF EXCEPTION, PLEASE SPECIFY BELOW:			
PROSECUTION DECLINED <input type="checkbox"/> ARREST ON PRIMARY OFFENSE, 2ND W/O PROS. PRIMARY OCA# <input type="checkbox"/>			
DEATH OF OFFENDER <input type="checkbox"/> VOW / REFUSED TO <input type="checkbox"/> JUVENILE / NO CUSTODY <input type="checkbox"/> EXTRADITION DECLINED <input type="checkbox"/>			
REPORTING OFFICER / ID#: DFC K STEELE 0399			
REVIEWING SUPERVISOR / ID#:			