

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 22 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094158

1. Corporation Name

LA NICA MARKET, INC.

2. Principal Office Address

4545 NW 7TH STREET

Suite, Apt. #, etc.

SUITE 2

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

9421 SW 21ST STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33165

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

32-0029184

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

PAREDES, DENISE C.

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

4545 NW 7TH STREET

Suite, Apt. #, Etc.

SUITE 2

City

MIAMI

State
FL

Zip Code
33126

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

Denise Paredes
REGISTERED AGENT MUST SIGN

Date 1/13/2004

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
DPT	PAREDES, DENISE C.	9421 SW 21ST STREET	MIAMI, FL 33165

400027627774
01/27/04 01001 028 ***300.00

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 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:

Denise Paredes
DENISE C. PAREDES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/2004 305-447-6788

Date

Daytime Phone #

CR2E081 (10/02)

Attachment

January 14, 2004

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Ref: LA NICA MARKET, INC.
P02000094158
Form: 2003 UBR


Dear Sir or Madame:

I am writing this letter in regards to my Uniform Business Report payments. I never received any notices for my 2003 Uniform Business Report thus; the next step was to contact your office in order to clarify the situation. As per my conversation with one of your representatives, I was instructed to send in a check in the amount of payment of \$150.00 for the year 2003 and \$150.00 for the year 2004.

Enclosed you will find a check in the amount of \$300.00 for payment of my Uniform Business Reports for the years 2003 and 2004. I do want to state that this is the first time that there has been a discrepancy regarding my payment and unfortunately something that was not in my hands to correct before now. My business's financial stability is not in the condition to pay additional fees that have not been overlooked on my behalf. I hope that you pardon any late fees and accept my payment since I will prompt to file and pay the annual report in the future.

I would like to thank you in advance for your attention regarding this delicate matter. If any additional information is needed please do not hesitate to contact me at the above address or at the following phone number, (305) 447-6788

Respectfully



President

Denise C. Paredes

LA NICA MARKET, INC.

4545 NW 7TH STREET #2

Miami, FL 33126