

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -5 AM 8:00

DOCUMENT # P02000 126586

1. Corporation Name
TORTILLERIA & PALETERIA LA MEXICANA, INC.

2. Principal Office Address
1718 N. Goldenrod Rd.

3. Mailing Office Address
1718 N Goldenrod Rd.

Suite, Apt. #, etc.
Ste. 7

Suite, Apt. #, etc.
Ste. 7

City & State
Orlando

City & State
Orlando

Zip Country
FL 32807

Zip Country
FL 32807

4. Date Incorporated or Qualified
To Do Business in Florida 11/27/2002

5. FEI Number 03-0494679
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
Francisco Tino

Street Address (P.O. Box Number is Not Acceptable)
1718 N. Goldenrod Rd.

Suite, Apt. #, Etc.
Ste. 7

City
Orlando

100029965681
03/05/04--01069--021 **900.00

State Zip Code
FL 32807

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 Francisco Tino
REGISTERED AGENT MUST SIGN

Date 03/01/04

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
P/D	Francisco Tino	1307 Lakecrest Dr.	Apopka, FL 32703

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: Francisco Tino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/04 321-299-2220
Date Daytime Phone #

CR2E081 (01/04)