

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR -8 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD3D000034352

1. Corporation Name

INCA/2A Co.

2. Principal Office Address

5337 HARMONY PL
Suite, Apt. #, etc.

3. Mailing Office Address

5337 HARMONY PL
Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34758

Country

ORIGOLA

Zip

34758

Country

ORIGOLA

REINSTATEMENT

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/26/2003

5. FEI Number

56-2335460

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

CARLOS GONZALEZ

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

5337 HARMONY PLACE

Suite, Apt. #, Etc.

1415

City

KISSIMMEE

State

FL

Zip Code

34758

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**

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date

3/31/05

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	CARLOS GONZALEZ	5337 HARMONY PL	KISS FL 34758
V	RONALD GONZALEZ	5337 HARMONY PL	KISS FL 34758
T	MELVIN COLON	5337 HARMONY PL	KISS FL 34758
S	NINA GONZALEZ	5337 HARMONY PL	KISS FL 34758

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

3/31/05

Date

407-870-9745

Daytime Phone #

CR2E081 (01/05)

4/1/20

2/2

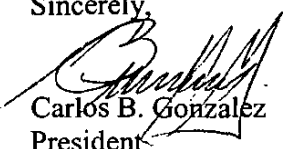
April 4, 2005

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear: Sirs

Enclosed you'll find check for the amount of \$300.00 and the reinstatement form for "Incalza, Co." Doc# P03000034352. Per telephone conversation with you today with your department, this will cover the amount due to restore our corporation with the state for this year and for 2005. Please accept our apologies for the delay it seems that we never had any information to renew said corporation we did not get the papers to renew our corporation previously. We guess it had to do with the change of address that was never process and you mailed information to the old address. Please accept our apology and check for this and next year. Should you have any question, please give us a call or write to us at the address submitted on said forms. Thank you.

Sincerely,



Carlos B. Gonzalez
President
Inclaza Co.