

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000091329

1. Entity Name
LA PRINCIPAL FARMS, INC.



Principal Place of Business
20901 S.W. 238 ST.
HOMESTEAD, FL 33031

Mailing Address
20901 S.W. 238 ST.
HOMESTEAD, FL 33031

05 APR 11 PM 12:30



REINSTATEMENT

R2E098 (6/04)

14-05

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0482374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, RONIEL
20901 S.W. 238 ST.
HOMESTEAD, FL 33031

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HERNANDEZ, RONIEL
STREET ADDRESS 20901 S.W. 238 ST.
CITY- ST- ZIP HOMESTEAD, FL 33031

TITLE SD ☒ Delete
NAME HERNANDEZ, MILAGROS
STREET ADDRESS 20901 S.W. 238 ST.
CITY- ST- ZIP HOMESTEAD, FL 33031

TITLE SD ☐ Delete
NAME HERNANDEZ, ORBEIL
STREET ADDRESS 20901 S.W. 238 ST.
CITY- ST- ZIP HOMESTEAD, FL 33031

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
500042355405
11/01/04--01060--012 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
300052114683
04/26/05--01047--024 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roniel Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/04

Date

Daytime Phone #