

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 27 AM 9:45

DOCUMENT # **P04000053136**

1. Corporation Name

LA PERRADA DEL GORDO, INC.

300067377923
03/08/06--01006--023 **300.00

REINSTATEMENT 05-06

2. Principal Office Address

1174 SO. CONGRESS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

City & State

Zip

33406

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

14-1908768

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

MIGUEL A. MARTINEZ

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

1620 CROOKED STICK WAY

Suite, Apt. #, Etc.

City

GREENACRES

State

FL

Zip Code

33413

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

02/20/06

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.	MIGUEL A. MARTINEZ	1620 CROOKED STICK WAY	GREENACRES, FL 33463
V.P.	ELIZABETH NOVOA	1620 CROOKED STICK WAY	GREENACRES, FL 33463

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]

ELIZABETH NOVOA

02/20/06

(561) 644-1912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2 of 2

February 20, 2006

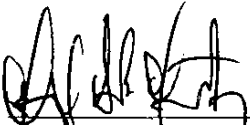
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: LA PERRADA DEL GORDO, INC.
P04000053136
Reinstatement

To Whom It May Concern:

Enclosed find check for \$300.00 to pay for the 2005 and 2006 Annual Reports. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,


Miguel A. Martinez