

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 30 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300173605843
03/30/10--01013--013 **300.00

CR2E081 (11/09)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000053145

1. Corporation Name LAZARO Esquivel Inc.

P04000053145

2. Principal Office Address - No P.O. Box #

722 S. Love Street

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Quincy FL 32351

City & State

Zip

32351

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0923071

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

LAZARO Esquivel

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

722 S Love Street

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

LAZARO

Esquivel

REGISTERED AGENT MUST SIGN

Date

3-30-2010

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	LAZARO Esquivel	722 S. Love Street	Quincy, FL 32351

REINSTATEMENT

09-10

B 3/30/10

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

LAZARO

Esquivel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #