

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -7 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800165132048
01/07/10--01037--014 **308.75

DOCUMENT # P04000080413

1. Corporation Name

SAN LORENZO HOLDING CORP.

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

1842 Wiltshire Village Dr

Suite, Apt. #, etc.

3. Mailing Office Address

1842 Wiltshire Village Dr.

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 05/19/2004

5. FEI Number

20-1144585

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

Wellington Tax Services Co.

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

1842 Wiltshire Village Dr.

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

☒ 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

REGISTERED AGENT MUST SIGN

Date 01/04/2010

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
DPST	Gonzalo Avendaño	10 Cape Florida Dr.	KEY BISCAYNE FL 33149

REINSTATEMENT

RM

10. E-mail Address: tunuyan@bellsouth.net

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gonzalo Avendaño

01/04/2010

Date

Daytime Phone #