

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000130327

1. Corporation Name

AYALA ENTERPRISES, INC.

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

243 W KENNEDY BLVD.

3. Mailing Office Address

243 W KENNEDY BLVD

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

SUITE C

City & State

ORLANDO

City & State

ORLANDO

Zip

32810-6200

Country

USA

Zip

32810-6200

Country

USA

**7. Name and Address of Current Registered Agent**

Name

AUGUST C MAYORGA

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

243 W KENNEDY BLVD.

Suite, Apt. #, Etc.

SUITE C

City

ORLANDO

State  
**FL**

Zip Code

32810-6200

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 05/21/09

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	AYALA, SAUL A	5104 FALMOUTH DRIVE	ORLANDO, FL 32812

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 contained in Chapter 119, 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:

PRESIDENT

05/21/09

407-509-4307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 JUN 12 AM 6:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700157101417  
06/12/09--01084--005 \*\*308.75

**REINSTATEMENT**

CR2E081 (12/08)

08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

09/15/2004

5. FEI Number  
20-1626452

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.