

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 20 PM 1:33

DOCUMENT # 204000158123

1. Corporation Name

Delicias Pinareñas by Mami Inc

000089572350  
02/27/07--01012--025 \*\*450.00

REINSTATEMENT 05-07

2. Principal Office Address

12002 SW 4 terrace

Suite, Apt. #, etc.

3. Mailing Office Address

SA me

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

SA me

Zip

33184

Country

USA

Zip

SAME

Country

SAME

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/04

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

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

Name

Sandra Garcia

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

12002 SW 4 terrace

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33184

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

599

REGISTERED AGENT MUST SIGN

Date 2-19-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Sandra Garcia                        | 12002 SW 4 terrace                                | Miami, FL 33184    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

Department of State  
Division of Corporation

Re: Document No.

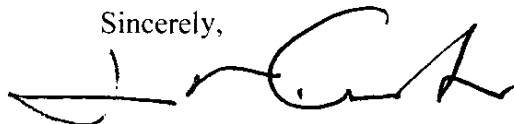
To whom it may concern

I Luis Manuel Castro , President of Delicias Pinarenas by Miami, Inc,  
am writing this letter to ask you to accept my payment for two years of annual report of  
the above mentioned corporation

The reason of the delay is that I never received the report and since it is the first time I am  
in a corporation I did not know I was supposed to send it before May 1<sup>st</sup>. I just found out  
about it, this matter brought up by my new accountant.

Please accept my apology and my payment.

Sincerely,

A handwritten signature in black ink, appearing to read 'Luis Manuel Castro', with a stylized, cursive script.

Luis Manuel Castro