

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000041349

1. Corporation Name

MI Tienda, Inc.

2. Principal Office Address

140 SW 250th Street

Suite, Apt. #, etc.

City & State

Newberry, FL

Zip
32669

Country
USA

3. Mailing Office Address

7645 SW 22nd Street

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip
34474

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/25/2005

5. EEL Number

59-3801239

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Romualdo Flores

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

7645 SW 22nd Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

Romualdo Flores
REGISTERED AGENT MUST SIGN

Date 12-12-06

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	Romualdo Flores	7645 SW 22nd Street	Ocala, FL 34474
VP	Maria Flores	7645 SW 22nd Street	Ocala, FL 34474

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-5-06

Daytime Phone #

(352) 615-1576