

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 24 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

4. FEI Number **72-1598395** Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURAN, ROGELIO
224 1ST STREET S
LAKE WALES, FL 33853

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE **P D** ☐ Delete
NAME **DURAN, ROGELIO**
STREET ADDRESS **722 LINDSEY PLACE**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Delete
NAME **10/25**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

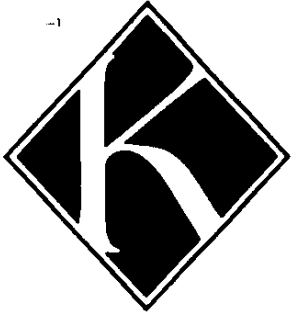
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-19-2007



KOHL & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

29 State Road 60 West • Lake Wales, Florida 33853-4117
(863) 676-3465 • Fax (863) 676-6150 • (800) 621-3465
Website: www.kohlcompany.com E-mail: mail@kohlcompany.com

October 19, 2007

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, Florida 32314

RE: Paleteria Y Neveria El Sol Michoacan, Incorporated
P05000056604
72-1598395

Dear Sir:

Enclosed please find the 2007 For Profit Corporation Reinstatement for the above referenced company and a check for \$150.00

We are hereby requesting that you accept the reinstatement and wave the additional fee for the following reason:

Taxpayer did receive the original card notification and on April 30, 2007 he downloaded and printed the form and mailed in along with a check according to instructions. He assumed everything was completed until he received the Notice of Dissolution or Revocation. After carefully checking his bank statements, he found that the original check never cleared.

Your prompt consideration of this matter will be greatly appreciated.

Sincerely,
Kohl & Company, CPAs

Thomas E. Kohl, CPA
President

• Accounting • Tax • * Financial Services • Insurance • Computer Sales & Service

* Securities offered through Terra Securities Corporation ("TSC") - Member NASD & SIPC, 200 N. Martingale Road, 7th Floor, Schaumburg, IL 60173-2096, 847-330-7900. Kohl & Company, C.P.A.s' is not an affiliate of TSC or its affiliates.

* Thomas E. Kohl, CPA, Registered Representative