

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 NOV 24 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700138240017
11/24/08--01062--019 **450.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 08-09-05

5. FEI Number
20-3333156

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.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000111043

1. Corporation Name

TU MUNDO LATINO SUPERMARKET, INC.

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

577 DELTONA BLVD

Suite, Apt. #, etc.

City & State

DELTONA, FLORIDA

Zip

32725

Country

3. Mailing Office Address

577 DELTONA BLVD

Suite, Apt. #, etc.

City & State

DELTONA, FLORIDA

Zip

32725

Country

7. Name and Address of Current Registered Agent

Name

LEONEL RODRIGUEZ

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

577 DELTONA BLVD

Suite, Apt. #, Etc.

City

DELTONA,

State

FL

Zip Code

32725

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 11.19.08

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	LEONEL RODRIGUEZ	577 DELTONA BLVD	DELTONA, FL 32725
S	IVAN PEREZ	577 DELTONA BLVD	DELTONA, FL 32725

REINSTATEMENT
06-08

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:

LEONEL RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.19.08

Date

(386)

860-7366

Daytime Phone #