

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000122256

1. Corporation Name

LA CHULLILLA INC

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

123 HUMMINGBIRD

Suite, Apt. #, etc.

3. Mailing Office Address

123 HUMMINGBIRD

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH

City & State

FORT WALTON BEACH

Zip

32548

Country

USA

Zip

32548

Country

USA

7. Name and Address of Current Registered Agent

Name

NICHOLAS FANELLA

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

434 TANGLEWOOD DRIVE

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State

FL

Zip Code

FL

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

*Nicholas A. Fanella*  
REGISTERED AGENT MUST SIGN

Date

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
PSD	JESUS ENRIQUEZ	123 HUMMINGBIRD	FT. WALTON BEACH FL 32548

10. E-mail Address: NFANELLA@COX.NET

(To be used for future annual report notification)

11. 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

*Jesus Enriquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/09

Date

850-699-0436

Daytime Phone #

FILED

09 DEC 24 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

08-09

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/2006

5. FEI Number  
203433340

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.

401163943024  
12/24/09 - 01033 - 008 \*\*300.00