

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -4 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000125546

1. Corporation Name

LA CONCHITA INC

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

26909 OLD 41

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip

34135

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida **09/12/2005**

5. FEI Number

562541114

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SPL INCOME TAX CORP

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

6006 RADIO RD

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

☐ 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.

300171277513
03/04/10--01044--007 **600.00

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 **3/1/2010**

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	JESUS HERNANDEZ	11625 FOREST MERE DR	BONITA SPRINGS, FL 34135
VP	MARTA FLORES	11625 FOREST MERE DR	BONITA SPRINGS, FL 34135

300171277513
03/04/10--01044--008 **600.00

10. E-mail Address: **SPLINCOMETAX@HOTMAIL.COM**

(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 607.0401 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 HERNANDEZ

3/1/2010

239-273-5948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #