

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 JAN 16 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # POS000152318

1. Corporation Name

LA MICHOACAND USA ICE CREAM, INC.

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

12435 COLLIER BLV

Suite, Apt. #, etc.

UNIT. #101

City & State

NAPLES, FL.

Zip

34116

Country

USA

3. Mailing Office Address

12435 COLLIER BLV.

Suite, Apt. #, etc.

UNIT. #101

City & State

NAPLES, FL.

Zip

34116

Country

USA

REINSTATEMENT 07

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-443836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CARLOS E. CRUZ

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

12435 COLLIER BLV.

Suite, Apt. #, Etc.

UNIT. #101

City

NAPLES

State

FL

Zip Code

34116

☐ 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.

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

Carlos E. Cruz

Date 12/12/07

REGISTERED AGENT MUST SIGN

**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
PD	CARLOS E. CRUZ	1790 42ND TER. SW	NAPLES, FL 34116
			700113217527 12/18/07--01011--004 **158.75

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:

Carlos E. Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/07

Date

239-352-6545

Daytime Phone #

11/23

**LA MICHOACANA USA ICE CREAM INC.**  
**12435 COLLIER BOULEVARD UNIT#101**  
**NAPLES, FLORIDA, 34116**  
**Phone: 239 352 6545 – Fax: 239 352 7653**

January 11, 2008

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL, 32314

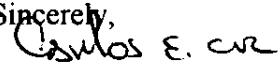
Subject: La Michoacana USA Ice Cream Inc.  
Ref. Number: P05000152318

Dear Sir or Madam:

I have received the enclosed letter requesting correction of the document attached. I have properly corrected the Document and request the Reinstatement and Reactivation of "La Michoacana USA Ice Cream Inc".

Please, Notice that I am new in Business and were not aware of certain details to act promptly. Furthermore I am acknowledging non-receipt of the original/second notice annual report from the Department of State.

I thank you in advance for considering waiving any additional fees pertaining to the Corporation Reinstatement process. I will make provision for the future to prevent the reoccurrence of the same problem.

Sincerely,  
  
Carlos E. Cruz  
President/Officer/Agent