

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000056641

1. Entity Name  
TORTILLERIA LOS ARCOS, INC.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN -9 PM 3:31

Principal Place of Business Mailing Address  
5791 Youngquist Rd Unit #1 Ft Myers - FL 33912 5791 Youngquist Rd Unit #1 Ft Myers - FL 33912

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country  
5791 YOUNGQUIST RD Unit #1 FT MYERS 33912 USA



02192008 REIN-P CR2E098 (1/07)

4. FEI Number 20-4755837 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
Beatriz Montilla  
15061 Hawks Shadow Dr.  
FT. MYERS - FL - 33905

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 DATE 05/15/09  
Signature typed or printed name of the person signing, and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ESCALANTE, HAROLD E 1416 FORSYTH WAY BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ESCALANTE, HAROLD E 5791 YOUNGQUIST RD FT MYERS FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 07-09<sup>KS</sup>

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03/24/09 01024 001 1502

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.