

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000056879

1. Corporation Name

LA GITANA MISTICA, INC

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

1250 SW 27 Ave

Suite, Apt. #, etc.

406

City & State

MIAMI FL

Zip

33145

Country

DATE

3. Mailing Office Address

311 NE 22 Terr

Suite, Apt. #, etc.

City & State

CAPECORAL FL

Zip

33909

Country

LEE

7. Name and Address of Current Registered Agent

Name

MARIOLOUIS ANDUX PEREZ

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

311 NE 22 Terr

Suite, Apt. #, Etc.

City

CAPECORAL

State

FL

Zip Code

33909

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 2/24/09

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
CEO	MARIOLOUIS ANDUX PEREZ	311 NE 22 Terr	CAPECORAL FL 33909

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, accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/09 239-373-8716  
Date Daytime Phone #

FILED

2009 MAR -4 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200144979502  
03/04/09--01036--014 \*\*460.00

REINSTATEMENT  
CR2E081 (12/08) 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

4/20/06

5. FEI Number

03-0588054

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.

B. Mitchell

MAR