

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 APR -3 A. 11: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200148552562  
04/03/09--01020--016 \*\*450.00

CR2E081 (12/08)

DOCUMENT # P06000070153

1. Corporation Name

FOCA IMPORT & EXPORT, CORP

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

3001 ALOMA AVE

3. Mailing Office Address

14221 SW 120 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

109

City & State

City & State

WINTER PARK, FLORIDA

MIAMI

Zip

Country

Zip

Country

32792

USA

FLORIDA

33186

4. Date Incorporated or Qualified  
To Do Business in Florida

05/18/2006

5. FEI Number  
20-4914754

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

FRANCISCO OSCAR CASTILLO

Street Address (P.O. Box Number is Not Acceptable)  
3001 ALOMA AVE

Suite, Apt. #, Etc.

City

WINTER PARK, FLORIDA

State

FL

Zip Code

32792

☒ 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

REGISTERED AGENT MUST SIGN

Date 4-2-09

**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
DP	FRANCISCO OSCAR CASTILLO	14402 AVALON RESERVE BLV #108	ORLANDO, FL 32828
DVP	ANA C. JIMENEZ	14402 AVALON RESERVE BLV #108	ORLANDO, FL 32828
D	ELAINE JIMENEZ	14300 AVALON RESERVE BLV #308	ORLANDO, FL 32828

**REINSTATEMENT**

07-09 JLS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-09

Date

Daytime Phone #