

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 DEC -7 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P06000144398*

1. Corporation Name

LA BARRITA SPORTS BAR INC.

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

2104 N MICHIGAN AVE

Suite, Apt. #, etc.

City & State

KISSIMMEE

Zip

34741

Country

USA

3. Mailing Office Address

2104 N MICHIGAN AVE

Suite, Apt. #, etc.

City & State

KISSIMMEE

Zip

34741

Country

USA

000188426820  
12/07/10--01010--004 \*\*758.75

**REINSTATEMENT**

4. Date Incorporated or Qualified

To Do Business in Florida 11/16/2006

5. FEI Number

205925331

☐ 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

SANCHEZ, MILDRED

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

14959 LAKE AZURE DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

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

*Mildred Sanchez*  
REGISTERED AGENT MUST SIGN

Date

12/5/10

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	SANCHEZ, MILDRED	14959 LAKE AZURE DRIVE	ORLANDO FL 32824

10. E-mail Address:

(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:

*Mildred Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/10

Daytime Phone #

12/7/10