

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 23 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000157031

1. Corporation Name

LA MEXICANA MEXICAN MARKET, INC.

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

209 Main Street

Suite, Apt. #, etc.

City & State

Destin

Zip

32541

Country

Okaloosa

3. Mailing Office Address

P.O. Box 5765

Suite, Apt. #, etc.

City & State

Destin

Zip

32540

Country

Okaloosa

200141889482
01/23/09--01046--006 **300.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida 12/27/2006

5. FEI Number
20-8112947

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

Brad Congleton CPA, Inc.

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

50 Uptown Grayton Circle

Suite, Apt. #, Etc.

15

City

Santa Rosa Beach

State

FL

Zip Code

32459

☒ 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

Brad Congleton

REGISTERED AGENT MUST SIGN

Date

12/30/08

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	Cynthia Catron-Marquez	4075 Dancing Cloud Court #195	Destin, FL 32541
V	Luis Fernando Hernandez Marqu	4075 Dancing Cloud Court #195	Destin, FL 32541

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:

Cynthia Catron Marquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/08

Daytime Phone #

1127