

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 PM 1:42

DOCUMENT # P07000018015

1. Corporation Name

MI PUEBLO MEAT MARKET, INC

600173253036
05/04/10--01048--003 **158.75
REINSTATEMENT 08-10
600173253036
03/26/10--01037--013 **300.00
CR2E081 (11/09) KS

2. Principal Office Address - No P.O. Box #
102 SOUTH 22ND ST

Suite, Apt. #, etc.

3. Mailing Office Address
102 SOUTH 22ND ST

Suite, Apt. #, etc.

City & State
TAMPA FLORIDA

Zip
33549

Country
USA

City & State
TAMPA FLORIDA

Zip
33549

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/08/2007

5. FEI Number
20-8412358

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
RAFAEL M SR SANTELIZ

Street Address (P.O. Box Number is Not Acceptable)
102 SOUTH 22ND STREET

Suite, Apt. #, Etc.

City
TAMPA

State Zip Code
FL 33549

☒ 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

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	RAFAEL M SANTELIZ	102 SOUTH 22ND ST	TAMPA FL 33549
VP	MARIELENA SANTELIZ	102 SOUTH 22ND ST	TAMPA FL 33549

10. E-mail Address: servicioslatinocorpfl@hotmail.com

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #