

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P07000029582**

1. Corporation Name

**LA PRINCESA M. INC**

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

**825 Brickell Bay Dr**

Suite, Apt. #, etc.

**1641**

City & State

**MIAMI FL**

Zip

**33131**

Country

**USA**

3. Mailing Office Address

**825 Brickell Bay Dr**

Suite, Apt. #, etc.

**1641**

City & State

**MIAMI FL**

Zip

**33131**

Country

**USA**

7. Name and Address of Current Registered Agent

Name

**Miguel Villarroel**

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

**825 Brickell Bay Dr**

Suite, Apt. #, Etc.

**1641**

City

**Miami**

State

**FL**

Zip Code

**33131**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **04/30/10**

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
PD	Villarroel, Mario	825 Brickell Bay Dr. Suite #1641	Miami FL 33131
VPS	Villarroel, Morris	825 Brickell Bay Dr Suite #1641	Miami FL 33131
VP	Villarroel, Miguel	825 Brickell Bay Dr Suite #1641	Miami FL 33131

10. E-mail Address: **miguel.villarroel@villarroelsgreerllc.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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/30/10**

Daytime Phone #

FILED

10 MAY -6 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600180499776

05/06/10--01041--004 \*\*450.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/07/2007**

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.