

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P070000044927

1. Corporation Name

Old Mexico of Quincy, Inc

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

6765 Ben Bastie Rd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 484

Suite, Apt. #, etc.

City & State

Quincy Florida

City & State

Moultrie Georgia

Zip

32351

Country

USA

Zip

31776

Country

USA

7. Name and Address of Current Registered Agent

Name

Hector S Bautista

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

516 Parkwood Dr

Suite, Apt. #, Etc

City

Panama City

State

FL

Zip Code

32405

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

Hector Bautista

Date 4-28-10

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Santiago R Solonio</u>	<u>214 St Francis Rd</u>	<u>Eufrata, AL 36027</u>
<u>S</u>	<u>Roberto Norton</u>	<u>314 Daniel Circle</u>	<u>Dothan, AL 36301</u>
<u>T</u>	<u>Hector S Bautista</u>	<u>516 Parkwood Circle</u>	<u>Panama City, FL 32405</u>

**M. MILLIGAN  
EXAMINER**

**MAY - 7 2010**

10. E-mail Address: mbozeman@maultriega.net

(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:

Santiago R Solonio

Santiago R Solonio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-10

Date

2299852753

Daytime Phone #

**FILED**

10 MAY -5 PM 1:34

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 09-10

**800180412878**  
**05/05/10--01036--005 \*\*300.00**

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

4-11-07

5. FEI Number

20 863 6007

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.