

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 JUL 23 PM 2:45

DOCUMENT # P07000068694

1. Corporation Name

Real Estate Holdings of Tienda Mexicana Inc.

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

217 N. 15th Street

Suite, Apt. #, etc.

3. Mailing Office Address

3740 Lawson Blvd

Suite, Apt. #, etc.

City & State

Immokalee

City & State

Delray Beach, FL

Zip

34142

Country

USA

Zip

33445

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

06-1753140

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

Antonio Puente

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

3740 Lawson Blvd

Suite, Apt. #, Etc.

City

Delray Beach,

State

FL

Zip Code

3445

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

6/27/10

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/NP/S/T	Antonio Puente	3740 Lawson Blvd	Delray Beach, FL 33445

10. E-mail Address: antoniopuente@bellsouth.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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/27/10

Daytime Phone #

786-526-8035

800182818348
07/01/10--01036--024 **750.00

800182818348
07/23/10--01041--011 **300.00

REINSTATEMENT 08-10

KS