

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 NOV -4 PM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000092202

1. Corporation Name

LA ESPERANZA, INC.

REINSTATEMENT 08/09

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

4441 NW 195 ST

3. Mailing Office Address

PO BOX 246476

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

PEMBROKE PINES FL

Zip

33055

Country

USA

Zip

33024

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/16/2007

5. FEI Number
26-0825207

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

JOSE REYES

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

4441 NW 195 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33055

☒ **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**

Jose M Reyes

REGISTERED AGENT MUST SIGN

Date

11/2/09

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	JOSE REYES	PO BOX 246476	PEMBROKE PINES FL 33024

400162489124
11/04/09--01005--008 **300.00

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:

Jose M Reyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/09

Daytime Phone #