

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 FEB -3 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000079470

1. Corporation Name

LA VEGA II, INC.

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

649 Sand Creek Circle

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33327

Country

USA

3. Mailing Office Address

649 Sand Creek Circle

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33327

Country

USA

000188989320
12/23/10--01034--012 **158.75

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 09/23/2009

5. FEI Number
01-0934030

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

Maria Elena Zamora de Patino

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

649 Sand Creek Circle

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

000188989320
02/03/11--01043--006 **750.00

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

Date 12/20/2010

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
P/D	Maria Elena Zamora de Patino	649 Sand Creek Circle	Weston, FL 33327
V/D	Estela Josefina Zamora Escobar	649 Sand Creek Circle	Weston, FL 33327
T/D	Alberto Enrique Zamora Escobar	649 Sand Creek Circle	Weston, FL 33327
S/D	Jose Rafael Zamora Escobar	649 Sand Creek Circle	Weston, FL 33327

REINSTATEMENT

RH

10. E-mail Address: asapaccounting@live.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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:

12/20/2010 954-931-0890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #