

P14000070296
 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED

CORPORATION
 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

2018 AUG 30 AM 7:39
 SECRETARY OF STATE
 TALLAHASSEE, FL

DOCUMENT # P14000070296
 I. Corporation Name
 LITTLE HAVANA ALF, INC.

2. Principal Office Address - No P.O. Box # 2600 SW 10TH STREET		3. Mailing Office Address 2600 SW 10TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
ZIP 33135	Country	ZIP 33135	Country

4. Date Incorporated or Qualified To Do Business in Florida
08/22/2014

5. FEI Number 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
LAURIS QUINTANA

Street Address (P.O. Box Number is Not Acceptable)
2600 SW 10TH STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33135

000317890840
 08/30/18--01015--002 **1200.00

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 Lauris Quintana Date 08/27/2018

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	LAURIS QUINTANA	2600 SW 10TH STREET	MIAMI, FL 33135

10. E-mail Address: _____ (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.917.155, F.S.

SIGNATURE: Lauris Quintana Date 08/27/2018 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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 Coral Gables, FL 33134
 Phone: 305-444-4994
 Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Little Havana ALF, Inc.
 (CORPORATE NAME) (DOCUMENT #)
2. _____ P14000070296
 (CORPORATE NAME) (DOCUMENT #)
3. _____
 (CORPORATE NAME) (DOCUMENT #)

AUG 30 AM 10:49

Walk-In
 Pick up time: _____
 Certified Copy
 Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input checked="" type="checkbox"/>	Other: <u>Reinstatement</u>

Examiners Initials

please do the reinstatement first and the amendment after.

RW