P14000070296

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2018 AUG 30 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14000070296

1. Corporation Name

LITTLE HAVANA ALF, INC.

2. Principal Office Address - No P.O. Box #
2600 SW 10TH STREET

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip 33135 Country

3. Mailing Office Address
2600 SW 10TH STREET

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip 33135 Country

C92E031 (11/10)

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

5. FEI Number X 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

REGISTERED AGENT MUST SIGN

Date 08/27/2018

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.817.155, F.S.

SIGNATURE: Lauris Quintana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 08/27/2018

Daytime Phone #

1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

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	
	Profit
	Non-Profit
	Limited Liability
	Other:

Amendments	
	Amendments
	Resignation
	Dissolution/Withdrawal
	Other:

Other Filings	
	Annual Report
	Fictitious Name
	Apostille:
X	Other: reinstatement

Examiners Initials	

Please do the reinstatement first and the amendment after.

EW