

FILED

H04000048344 3

OL MAP - E AM 8:45

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000013415

1. Corporation Name

LAS MILPAS, INC.

2. Principal Office Address
1085 E. 13th Street

3. Mailing Office Address
1085 E. 13th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State
Hialeah, Florida

Zip
33010

Country
USA

Zip
33010

Country
USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida 12/21/1992

5. FEI Number
65-0391746

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
Lucas E. Hernandez

Street Address (P.O. Box Number is Not Acceptable)
11980 S.W. 43rd Street

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33175

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 *Lucas E. Hernandez*

Date 3/5/04

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
PD	Lucas E. Hernandez	11980 SW 43rd Street	Miami, Florida 33175

CR2001 (01/04)

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 under section 119.07(3)(ii), 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: *Lucas E. Hernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/5/04
Daytime Phone #

H040000483443

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000048344 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

CORPORATION REINSTATEMENT

LAS MILPAS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing

Public Access Help