

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000044714

1. Corporation Name

LA ISLA DEL ENCANTO GROCERY CORP.

Principal Place of Business

1133 E VINE ST
OAK STREET PLAZA
KISSIMMEE FL 34743

Mailing Address

1133 E VINE ST
OAK STREET PLAZA
KISSIMMEE FL 34743

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1994

5. FEI Number

59-3260736

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FROMETA, DORIS	1070 WIND WAY CIR	KISSIMMEE FL 34743

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FROMETA, DORIS
1133 E VINE ST
KISSIMMEE FL 34743

Name

FROMETA DORIS

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

1133 E. Vine St

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34743

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Doris Frometa
REGISTERED AGENT MUST SIGN

Date 11-30-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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)(i), 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:

Doris Frometa
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 DEC -2 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT