

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 # 994600074324

1. Corporation Name

LA TAPATIA MEXICAN GROCERY INC.

IN 7000023548

Principal Place of Business

1451 S.W. Hwy 17
ARCADIA, FL 34266

Mailing Address

P.O. Box 1069
ARCADIA, FL 34266

FILED
97 OCT 24 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number <u>65-0522385</u>	
Zip	Country	Zip	Country	Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/S/T	GILBERT CENDEJAS	4678 S.W. BULL POND RD.	ARCADIA, FL 34266
V/Pres	A.P. MARTIN	1751 S.W. CLOVER DR	ARCADIA, FL 34266
			600002332886-1 -10/29/97-01096-005 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

ROBERT CENDEJAS
P.O. BOX 2871, 2025 SW ROBIN RD
ARCADIA, FL 34266

9. Name and Address of New Registered Agent

Name Roberto Cendejas
Street Address (P.O. Box Number is Not Acceptable)
2025 SW ROBIN RD
Suite, Apt. #, Etc.
City ARCADIA State FL Zip Code 34266

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 Roberto Cendejas
REGISTERED AGENT MUST SIGN

Date 10-9-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: A.P. MARTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-9-97 Daytime Phone # 941-993-4339

CR2047 (12/96)