

SENT BY:

3-19-97 4:48PM

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

97 MAR 20 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000018546

1. Corporation Name

LOS AMIGOS INTERNATIONAL, INC.

Mailing Address

Principal Place of Business

6200 Olde Moat way
DAVIE, FL. 33331REINSTATEMENT 96-97
aw

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified

To Do Business in Florida

MARCH 7, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

X Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐SO 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
P/D	GABRIEL L. TORRES	6200 Olde Moat way	DAVIE, FL. 33331

1000002120931--0

-03/21/97-01106-014

***\$15.00 ***\$15.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GABRIEL L. TORRES

6200 Olde Moat way
DAVIE, FL. 33331

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date March 19, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 1997

Date

Daytime Phone #