

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR -6 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052294

1. Corporation Name

La Placita Latina Two, Inc.

2. Principal Office Address

2378-2386 W Oakridge Rd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32809

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 98-180

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 30, 1995

5. FEI Number

59-3321555

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

Ana Sanchez

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

3049 Eagle Loop

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

7000003178607-5

-03/22/00-01002-015

***1050.00 ***1050.00

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

Ana L. Sanchez
REGISTERED AGENT MUST SIGN

Date

3/3/00

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
Dir/P	Ana Sanchez	3049 Eagle Loop	Orlando, FL 32837
S/T	Ramon Sanchez	3049 Eagle Loop	Orlando, FL 32837

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)(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:

Ana L. Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

Date

Daytime Phone #

KE