

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000077267

1. Corporation Name

LA INTERNATIONAL SUPERMARKET, INC.
8196 NW 103 RD STREET
HIALEAH, GARDENS, FL 33016

Principal Place of Business

Mailing Address

8196 NW 103 rd STREET
HIALEAH GARDENS, FL 33016

THE SAME

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

2. New Principal Office Address, If Applicable

8205 NW 194 TERR

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL 33015

City & State

Zip

Country

33015

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0612761

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)

| 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 |
|----------|--------------------------------------|---|------------------------|
| PVD | FRANCISCO R RUIZ | 8205 NW 194 TERR | HIALEAH, FLORIDA 33015 |
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8. Name and Address of Current Registered Agent

FRANCISCO R RUIZ
8205 NW 194 TERR
HIALEAH, FL 33015

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

02-22-00

11. This corporation owes 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-22-00 (305) 824-1001

REINSTATEMENT

FILED

00 FEB 24 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP

CH21001 (12/98)