

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 MAR 23 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000078634

1. Corporation Name

LOS ARROYOS MARKET, INC

Principal Place of Business

Mailing Address

4312 S.W. 8 Street
Miami, FL 33134

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

2. New Principal Office Address, If Applicable
4312 S.W. 8 Street

3. New Mailing Office Address, If Applicable
4312 S.W. 8 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL 33134

City & State
Miami, FL 33134

Zip Country

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

October 10/95

5. FEI Number

65-0616611

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
P	MARIA C. MOREJON	469 N. Pine Island Road, # 302	Plantation, FL 33324-7811
			500002467255--7
			03/24/98--01106
			***1058.75 ***1058.75
			REINSTATEMENT

8. Name and Address of Current Registered Agent

MARIA C. MOREJON
469 N. Pine Island Road, # 302
Plantation, FL 33324-7811

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Maria C. Morejon

Date

REGISTERED AGENT MUST SIGN

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:

Maria C. Morejon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA C. MOREJON - President

Date

Daytime Phone #

CR2E040 (12/96)