

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

98 MAR -2 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000051820**

1. Corporation Name

MULTILANDIA, INC.

Principal Place of Business

Mailing Address

1978 W. 60th St  
Hialeah, F1 33012

10551 NW 52nd Terrace  
Miami, F1 33178

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

2. New Principal Office Address, If Applicable

same as above

3. New Mailing Office Address, If Applicable

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or  
To Do Business in Florida

06/18/96

5. FEI Number

65-0698889

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	Juan Mesa Del Pino	10551 NW 52nd Terr	Miami, F1 33178
V	Lirida Sanchez	10551 NW 52nd Terr	Miami, F1 33178
T	Juan J. Mesa	10551 NW 52nd Terr	Miami, F1 33178

REINSTATEMENT 97-98

Q. Alan

8. Name and Address of Current Registered Agent

Valentina LaMont  
1978 W 60th St  
Hialeah, F1 33012

9. Name and Address of New Registered Agent

Name

n/a

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

*Valentina LaMont*

VALENTINA LAMONT - REGISTERED AGENT  
REGISTERED AGENT MUST SIGN

Date 2/27/98

11. This corporation owes or has paid 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: X

*Juan Mesa Del Pino*

JUAN MESA DEL PINO PRESIDENT

Date 2/27/98

(305)  
499-9283  
Daytime Phone #

CR2040 (1/98)