

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 21 PM 2:11

DOCUMENT # P96000091222

1. Corporation Name

LA FAMILIA DISTRIBUTING, INC.

2. Principal Office Address - No P.O. Box #

6001 TWIN LAKE DR

Suite, Apt. #, etc

City & State

OVIEDO FL

Zip

32765

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

100185670071
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REINSTATEMENT

09-10

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1997

5. FEI Number

59-3411534

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

FRANCISCO RUPERTO JR

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

Suite, Apt. #, Etc

6001 TWIN LAKE DR

City

OVIEDO

State

FL

Zip Code

32765

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

Date

REGISTERED AGENT MUST SIGN

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
P/D	FRANCISCO RUPERTO JR	6001 TWIN LAKE DR	OVIEDO FL 32765
V/D	FRANCISCO RUPERTO III	6001 TWIN LAKE DR	OVIEDO FL 32765

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #