

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 28 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000055630**

1. Corporation Name

LA MEXICANA, INC.

2. Principal Office Address

1441 Ortiz Ave

Suite, Apt. #, etc.

City & State

Ft Myers FL

Zip

33905

Country

USA

3. Mailing Office Address

**c/o Borro Tax Assoc.
3940 Radio Rd**

Suite, Apt. #, etc.

103

City & State

Naples FL

Zip

34104

Country

USA

400014912204

03/28/03--01053--029 **2100.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-6173989

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

Anna Roque

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

1441 Ortiz Ave

Suite, Apt. #, Etc.

City

Ft Myers

State

FL

Zip Code

33905

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

REGISTERED AGENT MUST SIGN

Date **3-24-03**

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/S/D	Anna Roque	1441-Ortiz Ave	Ft Myers FL 33905

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-24-03

Date

Daytime Phone #