

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 24 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100927

1. Corporation Name

MERCADITO NICARAGUENSE, INC.

Principal Place of Business

10404 W FLAGLER STREET
MODULO 12
MIAMI FL 33174

Mailing Address

10404 W FLAGLER STREET
MODULO 12
MIAMI FL 33174



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1997

5. FEI Number

65-0798029

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	4 City / State / Zip
PD	ZELAYA, NENA CARRION	524 SW 96TH COURT	MIAMI FL 33174
VD	MAYORGA, NORMAN MANUEL	524 SW 96TH COURT	MIAMI FL 33174

000010679170

01/23/03--01099--005 **300.00

8. Name and Address of Current Registered Agent

ZELAYA, NENA CARRION
10404 W FLAGLER STREET
MODULO 12
MIAMI FL 33174

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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:

Nena Carrion
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

Date

(305) 221-7234

Daytime Phone #

CR2E040 (8/02)

January 20, 2003


Mercadito Nicaraguense, Inc.
10404 W. Flagler Street # 12
Miami, FL 33174

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: P97000100927

I am writing to you in regards to the notice of dissolution of my corporation. I was out of the country and I left my son in charge of the business. He was not aware of the importance of this notice being that he is new to the English language and cannot comprehend it. He left a few payments that he did not understand until the time that I returned. Please, take this reason in consideration because I have a small business and I cannot afford the penalty. Enclosed please find a check for the renewal for 2002 and 2003 in the amount of \$300.00.

Waiting for your response,


Nena Carrion
President
Mercadito Nicaraguense, Inc.