

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009354

1. Corporation Name

LA MEXICANA #2, INC.

2. Principal Office Address

217 N 15TH ST

Suite, Apt. #, etc.

City & State

Immokalee FL

Zip

34142

Country

USA

3. Mailing Office Address

90 Bono Tax Assoc
3940 Radio Rd

Suite, Apt. #, etc.

Ste 103

City & State

Naples FL

Zip

34104

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-28-1998

5. FEI Number

59-3489384

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

Roque, Francisco M.

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

106 S. Third Street

Suite, Apt. #, Etc.

City

Immokalee

State

FL

Zip Code

34142

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/12/02

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	Leonor Roque	106 S. Third Street	Immokalee, FL 34142
SH/D	Francisco M. Roque	106 S Third Street	Immokalee, FL 34142

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/02

Daytime Phone #