

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009875

1. Corporation Name

FRANCISCA RESIDENCES, INC

2. Principal Office Address

914 S.W. 31st AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33135

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

200009004052

11/14/02--01062--016 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/98

5. FEI Number

65-0812903

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

ROSENDO A. SANTOS

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

914 SW 31st AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

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

Rosendo A. Santos

REGISTERED AGENT MUST SIGN

Date

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
D	ROSENDO A. SANTOS	914 S.W. 31st AVE	MIAMI, FL 33135

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:

Rosendo A. Santos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

STATE OF FLORIDA
DIVISION OF CORPORATION
P.O. BOX 6327
Tallahassee, Florida 32314

RE: FRANCISCA RESIDENCES, INC.

Document No. P98000009875

TO WHOM IT MAY CONCERN:

as per a telephone conversation that i had today with one of your representative from the "Reinstatement Department" (aymee) (850-245-6059)

I am enclosing a check for \$150.00 to cover the Annual Report Fee of \$61.25 and the Corporate Supplemental Fee of \$88.75 for the present year 2002.

Please be advised that no previous notice were received in regard to FRANCISCA RESIDENCES, INC. To this fact, i am requesting a courtesy waiver for the Reinstatement fee.

Your cooperation to this regard is greatly appreciated.

Sincerely,

ROSENDO A. SANTOS
Registered Agent for: FRANCISCA RESIDENCES, INC.

cc: File