

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 21 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98 000027142

1. Corporation Name

Las Lemelas, INC

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

1380 STATE Rd 295

Suite, Apt. #, etc.

3. Mailing Office Address

1380 STATE Rd 295.

Suite, Apt. #, etc.

City & State

LA Belle FL

Zip Country

33935 Hendry

City & State

LA Belle FL

Zip Country

33935 Hendry

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1998

5. FEI Number

650820255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

CASTRO Leticia

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

131 Elm ST

Suite, Apt. #, Etc.

City

LA Belle FL

State

FL

Zip Code

33935

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

Leticia Castro

REGISTERED AGENT MUST SIGN

Date 1-30-08

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
DVP	CASTRO Jose A	131 Elm ST	LA Belle FL 33935
PO	CASTRO Leticia	131 Elm ST	LA Belle FL 33935
DT	GAMEZ Rodolfo	4040 oak Haven Dr	LA Belle FL 33935
DS	GAMEZ Martha	4040 oak Haven Dr	LA Belle FL 33935
			800117238998 02/08/08--01012--007 **158.75
			800117238998 02/21/08--01000--007 **100.00

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 contained in Chapter 119, 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:

Leticia Castro Leticia Castro 1-30-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

rc 2/22