

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000093750

1. Entity Name  
TIERRA MEJICANA, INC.



FILED

08 NOV -3 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4311 SR 574  
PLANT CITY, FL 33566 US

Mailing Address

4311 SR 574  
PLANT CITY, FL 33566 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number

59-3542125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLINA, FABRICIO  
4311 SR 574  
PLANT CITY, FL 33566

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-30-08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MOLINA, FABRICIO  
STREET ADDRESS 4311 SR 574  
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE ☐ Change ☐ Addition  
NAME 100137567121  
STREET ADDRESS 11/03/08--01041--021  
CITY-ST-ZIP \*\*150.00

TITLE D ☐ Delete  
NAME MOLINA, ANA  
STREET ADDRESS 4311 SR 574  
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabricio Molina

Date

Daytime Phone #

10-30-08 8137576329