PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR -6 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000017915

1. Corporation Name

Hacienda La Caridad, Inc.

01-03 UBR

2. Principal Office Address	3. Mailing Office Address
PO BOX 185	PO BOX 185
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sparr, FL	City & State: Sparr FL
Zip: 32192 County: Marion	Zip: 32192 County: Marion

4. Date Incorporated or Qualified To Do Business in Florida: Feb 23 99

5. FEI Number: 650896422 — Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ YES

7. Name and Address of Current Registered Agent

Name: Yaima Acosta 2/20/03 01055019

Street Address (P.O. Box Number is Not Acceptable): 2500 W Hwy 329

Suite, Apt. #, Etc.

City: Lowell State: FL Zip Code: 32663

$ 150

8. I hereby accept the registered agent status of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Yaima Acosta — REGISTERED AGENT MUST SIGN

Date: 2-12-03

9. Name and Address of each Officer and/or Director (Florida nonprofit corporations must list, at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jose Santiesteban	PO BOX 185	Sparr FL 32192
VP	Yaima Acosta	PO BOX 185	Sparr FL 32192

10. I certify that I am an officer or director of the reserver 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 this 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: Yaima Acosta Yaima Acosta 2/12/03 (352) 671-9070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #