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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

DOCUMENT # P99000032254

1. Corporation Name

LA TROCHA FARM INC

REINSTATEMENT 00-04

2. Principal Office Address

1821 SW 99 PL

Suite, Apt. #, etc.

3. Mailing Office Address

1821 SW 99 PL

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33165

Country

USA

Zip

33165

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/08/1999

5. FEI Number

65-0909388

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

JUAN ENRIQUE ORTIZ

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

1821 SW 99 PL

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33165

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

11/22/04

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
PD	ORTIZ, JUAN ENRIQUE	1821 SW 99 PL	MIAMI, FL 33165
VD	ORTIZ, JORGE LUIS	1821 SW 99 PL	MIAMI, FL 33165

300043002053
11/24/04--01050--018 **750.00

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 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]

JUAN ENRIQUE ORTIZ
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/04

Daytime Phone #

305-444-1953

CR2E081 (01/04)

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MIAMI, Nov-16-2004

Florida Department of State
Secretary Of State
Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, Fl 32314-6327

REF: P99000032254 2000 AR
LA TROLITA FARM INC

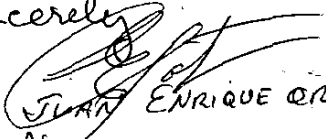
Dear Sir:

As per our telephone conversation we are enclosing you a money order for the amount of \$750.00 dollars.

Please be advised as mentioned on the phone, I did not received the Annual reports for those years, Please I pledge To your Department Waive of penalties

Please if you have any question do not hesitate to contact us.

Sincerely,


JUAN ENRIQUE ORTIZ
Phone: