

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

10f2

FILED

01 JAN 17 PM 12:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000054157

1. Corporation Name

LA NUEVA CASA PRIEGUEZ, INC.

Principal Place of Business

7455W 8ST
1365 S.W. 19TH STREET
MIAMI FL 33145 33130

Mailing Address

1365 S.W. 19TH STREET
MIAMI FL 33145



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0928030

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PRIEGUEZ, MANUEL	1365 S.W. 19TH STREET	MIAMI FL 33145

1/24/00 90096023
\$150.00

8. Name and Address of Current Registered Agent

PRIEGUEZ, MANUEL
1365 S.W. 19TH STREET
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date JANUARY 12, 2001

11. 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.

KE

SIGNATURE: SIGNATURE REQUIRED PRESIDENT

01/12/01

(305) 545-9725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)

20f2

**LA NUEVA CASA PRIEGUEZ, INC.
745 SW 8TH STREET
MIAMI, FL 33130**

January 12, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Re: Document # P99000054157

Gentlemen:

We received notice that "La Nueva Casa Prieguez, Inc." had been dissolved as of 9/22/00 however in the same package it mentioned that if the fee had been paid And the report was properly filed we were to disregard this notice and we did.


Today, we called and were informed that the problem was that you were missing the FEI number, they also told us that we had been notified however we never received it.

We are attaching the reinstatement report with the missing information filled in as well as a copy of the original report and the cancelled check sent back in January of 2000.

We trust that this will clarify the situation and that all will be reinstated.

Please accept our apologies for any inconvenience that this may have caused you. Also, please make sure that a new package is sent to us for 2001.

Sincerely,


Manuel Prieguez
President