

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

02 FEB -8 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000090779

1. Corporation Name Mundo of Quincy, INC.

500004915465--6
-02/13/02--01071--006
****450.00 ****450.00

2. Principal Office Address
565 Springmeadows RD.

3. Mailing Office Address
P.O. Box 1215

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Quincy, FL.

City & State
Quincy, FL.

Zip Country
32351 Gradsden

Zip Country
32353 Gradsden

4. Date Incorporated or Qualified
To Do Business in Florida 10/14/99

5. FEI Number ☒ 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 Eduardo A. Arriaga
Street Address (P.O. Box Number is Not Acceptable)
565 Springmeadows RD.
Suite, Apt. #, Etc.
City Quincy

State Zip Code
FL 32351

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 2-8-02

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
P.	Eduardo A. Arriaga	565 Springmeadows RD.	Quincy, FL 32351

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02 850-875-2231
Date Daytime Phone #

CR2E081 (9/01)

January 8, 2002

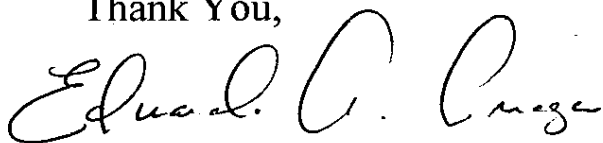
To whom it may concern,

I am writing concerning a penalty fee owed for non payment of renewal license. I feel as though this fee should not apply in my case because I never received a notice of renewal.

I will be paying the reinstatement fee as soon as possible but am very concerned about this penalty owed and would like to inquire about any way possible this penalty fee can be waived.

Thank you for your time and consideration, if you have any questions or comments, feel free to contact me at (850) 544-7367.

Thank You,

A handwritten signature in cursive script, appearing to read "Edward C. Prager". The signature is written in dark ink and is positioned below the typed name "Thank You,".