

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 0000 98186

1. Corporation Name

Milagrosa Bonita Grocery, Inc.

2. Principal Office Address

27060 Old 41 Rd

Suite, Apt. #, etc.

3. Mailing Office Address

27060 Old 41 Rd

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34135

Country

USA

Zip

34135

Country

USA

REINSTATEMENT

03

300024102793
10/27/03--01021--014 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

11-5-1995

5. FEI Number

65-0959983

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

Luisa Garcia

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

27060 Old 41 Rd

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

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

Luisa Garcia

Date

10/15/03

REGISTERED AGENT MUST SIGN

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
PRES.	GARCIA, LUISA	27060 Old 41 Rd Bonita Springs FL 34135	Bonita Springs FL 34135

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:

Luisa Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

239 949-7080

CR2E081 (10/02)

10/15/03

Milagrosa Bonita Grocery, Inc.
27060 Old 41 Road
Bonita Springs, FL 34135

October 15th, 2003

Dept of State
Division of Corp
PO Box 6327
Tallahassee, FL 32314

RE: Corporation admin dissolution for annual report

Dear DOS:

I recently was notified by my Accountant that our Corporation was de-solved. I never received the UBR form to file the report. Also, the address on listed in your system is not correct.

We are enclosing a check in the amount of \$150.00, fee for 2003. Please accept this payment and consider waving the reinstatement fee off \$600 under these circumstances.

Sincerely,

A handwritten signature in cursive script, appearing to read "Luisa Garcia".

Luisa Garcia
President
Milagrosa Bonita Grocery, Inc.