PLEASE READ ALL INSTRUCTION FORE COMPLETING THIS FORM.

## **APPLICATION** . "FÒR REINSTATEMENT



FLORIDA DEPARTMENT Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P99000104448

1. Corporation Name

LA TAPATIA MEXICAN GROCERY VII, INC.

Principal filace of Business

Mailing Address

325 NEW MARKET RD IMMOKALEE FL 34142

325 NEW MARKET RD

IMMOKALEE FL 34142

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



INSTATEMENT 02 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 11/29/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3612108 City & State City & State Not Applicable 6. \$8.75 Additional Fee required Zip - \_ = -Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Name of Officers City / State / Zip Title(s) and/or Directors Officer and/or Director ARCADIA FL 34266 CENDEJAS, GILBERTO P O BOX 1069 PD ARCADIA FL 34266 P.O. BOX 1069 DS CENDEJAS, GLBERTO \_\_<del>300008725873</del> 10/31/02--01051--009 \*\*150.00 300008725873 11/20/02--01057--014 \*\*600.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name CENDEJAS, GILBERTO CR2E040 Street Address (P.O. Box Number is Not Acceptable) 1451 SW HWY 17 PO-BOX 1069 --Suite, Apt. #, Etc. ARCADIA FL 34266 State Zip Code City

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. or 617.0505, F.S.

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 filling 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.

CENN Abelstar