

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -9 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 099000104448

1. Corporation Name

LA Tapatia Mexican Grocery VII, Inc.

700143188547
02/09/09--01055--009 **450.00

2. Principal Office Address - No P.O. Box #

385 W. New Market Rd

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

5216 Centennial Blvd

Suite, Apt. #, etc.

N/A

City & State

Immokalee, FLA.

City & State

Lehigh Acres, FLA.

Zip

34142

Country

G.A.

Zip

33971

Country

U.S.A.

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3618108

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 Maryann Aguilar

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

5216 Centennial Blvd.

Suite, Apt. #, Etc.

N/A

City

Lehigh Acres

State

FL

Zip Code

33971

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Maryann Aguilar

REGISTERED AGENT MUST SIGN

Date 2-8-09

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.	Gilberto Cervantes	4673 SW Bellwood Rd.	Acadia, Fla 34266
S	Maryann Aguilar	5216 Centennial Blvd.	Lehigh Acres, Fla. 33971

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 contained in Chapter 119, 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:

Gilberto Cervantes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/09

Date

239-939-6181

Daytime Phone #

Gilberto Cervantes