

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S30731 (2)

1. Corporation Name

LOS GANCITOS CORP.

Principal Place of Business

428 S.W. 79 COURT
MIAMI FLORIDA 33144-2242

Mailing Address

428 S.W. 79 COURT
MIAMI FL 33144

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/91

5. FEI Number

65-0243284

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	LUIS A. SUAREZ	428 S.W. 79 COURT	MIAMI FL 33144
S/D	AMALIA SUAREZ	428 S.W. 79 COURT	MIAMI FL 33144
T/D	JOSE A. SUAREZ	428 S.W. 79 COURT	MIAMI FL 33144

8. Name and Address of Current Registered Agent

JOSE A. SUAREZ
428 S.W. 79 COURT
MIAMI FL 33144

9. Name and Address of New Registered Agent

Name
LUIS A. SUAREZ
Street Address (P.O. Box Number is Not Acceptable)
428 S.W. 79 COURT
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33144

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

Luis A. Suarez
REGISTERED AGENT MUST SIGN

Date 12/15/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Luis A. Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/15/97 305-553-4333
Daytime Phone #

FILED

97 DEC 19 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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