

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT #

S71362

1. Corporation Name

LA TROCHA SUPERMARKET, INC.

Mailing Address

Principal Place of Business

20251 SW 198 AVE.

20251 SW 198 AVE.

MIAMI FL 33187

MIAMI FLA 33187

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
PD	GUIZAZOLA, FERNANDO	20251 SW 193 AVE	Miami, FL 33187
DS	GONZALEZ, MANUEL	20251 SW 198 AVE	Miami FL 33187

201.25 - AR
10.00 - AR ARS
88.75 - AR SUPP
8.75 - AR

8. Name and Address of Current Registered Agent

BEFEKER, GORGE
150 W FLAGLER ST.
MAIMI FL 33140

9. Name and Address of New Registered Agent

Name MANUEL GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
20251 SW 198 AVE.

Suite, Apt. #, Etc.

City MIAMI

State FL

Zip Code 33187

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

Manuel Gonzalez

REGISTERED AGENT MUST SIGN

Date

5/24/02

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

MANUEL GONZALEZ, SECRETARIO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Gonzalez

Date

Daytime Phone

5/24/02 305-253535

CR2040 (6-94)

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MAY 23, 2002

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

GENTLEMEN:

ENCLOSED YOU WILL FIND A MONEY ORDER FOR \$ 308.75.

\$300.00 12001/2002 ANUAL REPORT

8.75

CERTIFICATE OF STATUS

WE NEVER RECEIVE YOUR ANUAL REPORT AN IT WAS THE CAUSE
FOR NO PAYMENT,

WAITING FOR YOUR ATTENTION, WE REMAIN,

VERY TRULY

Fernando Guizazola

FERNANDO GUIZAZOLA