


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
CORPORATION REINSTATEMENT			
DOCUMENT # S81005			
1. Corporation Name LA Bodega Market Corporation			
2. Principal Office Address 3001 East 4 Ave Suite, Apt. #, etc.		3. Mailing Office Address 3001 E 4 Ave Suite, Apt. #, etc.	
City & State Hialeah FL		City & State Hialeah FL	
Zip 33013	Country USA	Zip 33013	Country USA

FILED
01 APR 23 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 9/18/91	
5. FEI Number 65-0283423	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name TAVERAS, Rebecca	
Street Address (P.O. Box Number is Not Acceptable) 450 E 30 ST # 18	
Suite, Apt. #, Etc.	
City Hialeah	State / Zip Code FL 33013

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 **Rebecca Taveras**
REGISTERED AGENT MUST SIGN

Date **3/6/01**

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
P/S/T	TAVERAS, Rebecca	450 E 30 ST	Hialeah FL 33013

REINSTATEMENT **00-01**
TS

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: **Rebecca Taveras**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R TAVERAS

3/6/01
Date

305-835-9700
Daytime Phone #