

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 OCT 29 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S 81012

1. Corporation Name

Los Villareños, Inc.

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

2516 SW 8<sup>th</sup> Street

Suite, Apt. #, etc.

3. Mailing Office Address

2516 SW 8<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33135

Country

USA

Zip

33135

Country

USA

400161540114

10/09/09--01024--009

\*\*160.00

CR2E081 (12/08)

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0284770

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

Emerio Ferro

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

921 SW 9<sup>th</sup> Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

☒ 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.

400161540114

10/09/09--01024--010 \*\*5.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/5/09

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
P/S	Emerio Ferro	921 SW 9 <sup>th</sup> Street	Miami Florida

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:

*[Signature]* Emerio Ferro

Date

10/5/09

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 5<sup>th</sup>, 2009

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee Florida, 32314

Re: Los Villarenos, Inc.  
Document: S 81012  
Debit Memo #: 96502-T

**Annual Report year 2009**

Dear Sir or Madam:

Regarding your letter of Dissolution by way of this letter I would like to explain you the reasons that I did not send you the check before August 11<sup>th</sup>, 2009 to renew my corporation.

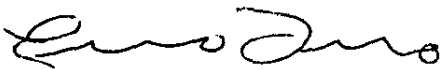
- #1. After I send you the annual Report with the check in the amount of \$150.00 I have to closed the account due to a Fraud in my business account.
- #2. When I received your letter stating that the above check was returned by the bank, you request me to send you a money order for \$165.00 but **at that time I was at the hospital.** (that is the reason I send you the money After August 11<sup>th</sup>, 2009.)

On September 17<sup>th</sup>, 2009 I send you a money order but by involuntary mistake instead of sending you \$165.00 as per your request I send you \$160.00, now I received back the money order for \$160.00 and a letter informing me that the corporation was dissolved.

I will appreciate that you take into consideration that I am an old person, sick, trying to maintain my business alive and please not dissolved it; I am enclosing a reinstatement form along with the money orders in the amount of \$165.00.

Please waive the reinstatement fees in the amount of \$600.00.

Thank you for your assistance regarding this matter.



Emerio Fierro  
President