

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 28 PM 2:14

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0300002999

1. Corporation Name

La Casa de mi Padre, Inc

100074360161
05/11/06--01005--024 **183.75

REINSTATEMENT

CR2E081 (12/05)

04-06

2. Principal Office Address

608 SW 4th ave.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

3. Mailing Office Address

440 George Coggin Rd

Suite, Apt. #, etc.

City & State

Newnan, GA

Zip

30265

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 4 2003

5. FEI Number

51-0459793

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIA MAILLO

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

608 SW 4th ave

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33315

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

Maria Maillo

REGISTERED AGENT MUST SIGN

Date

4/24/06

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	Francisco Maillo	453 George Coggin Rd	Newnan, GA 30265
V	Maria Maillo	608 S.W 4th ave	Ft. Lauderdale FL 33315
S	Jaime Prade	440 George Coggin Rd	Newnan, GA 30265

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:

Maria Maillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

Date

Daytime Phone #

974-2424600
404-8633153

B. Mitchell MAY 4 2006

2 of 2

April 24, 2006

Florida Department of State
Division of Corporations

Document # N0300002999

Dear Sir;

I will like to request in behalf of La Casa de mi Padre Inc, to waive the reinstatement fee, the annual reports notices were never received, however in the application for renewal I am providing the correct mailing address.

Thank you for your understanding and cooperation,

Enclosed find check for \$183.75



Maria Mailló
Vice-President
La Casa de mi Padre Inc