

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 24 PM 3:31

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000011269

1. Corporation Name

BICOL ASSOCIATION OF SOUTHERN FLORIDA, INC.

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

8706 MAPLE LAKE PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

8706 MAPLE LAKE PL

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

Tampa FL

Zip

33635

Country

US

Zip

33635

Country

US

REINSTATEMENT 09-12

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

10/27/2006

5. FEI Number

59-3215290

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

RAFAEL BONA III

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

1694 BAYHILL DR.

Suite, Apt. #, Etc.

City

OLDSMAR

State

FL

Zip Code

34677

900222961739
02/24/12--01042--010 **420.00

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

Date 02.19.12

REGISTERED AGENT MUST SIGN

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
Pres	ALMONDO G. BONA JR	8706 MAPLE LAKE PL	TAMPA FL 33635
VP	ROMEO A. TAGALA	1217 VISTA HILLS DR LANESLAND FL	33813
VP	NELSON B. PETALUBO	492 ROSE APPLE CIR	PT. CHARLOTTE 33954
Treas	ROBERTO B. RIVERA	2448 NURSERY RD	Clearwater 33764
SEC	FRANCIA T. ROQUE	17808 CANARY PT. LANE TAMPA 33647	TAMPA FL 33647
Pub	Arnulfo Paman	11428 Georgetown Cir	Tampa FL 33635

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2012 8734951373

Date

Daytime Phone #

FEB 27 2012

T. CAULEY