PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 14 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N50030**

1. Corporation Name

**BIG BEND FILIPINO-AMERICAN ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4227 BENCHMARK TRACE<br>TALLAHASSEE FL 32311<br>US | 4227 BENCHMARK TRACE<br>TALLAHASSEE FL 32311<br>US |

**REINSTATEMENT**

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

| 2. New Principal Office Address, If Applicable | 3. New Mailing 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: **07/21/1992**

5. FEI Number: **NOT APPLICABLE** ☐ 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| D | PESCADOR, MANUEL | 5208 TOURAINE DRIVE | TALLAHASSEE FL |
| D | DOMONDON, ERNIE | 6488 BROADTREE CT | TALLAHASSEE FL |
| D | MANZO, REI | 922 MAPLEWOOD AVE | TALLAHASSEE FL |
| D | ESCUETA, MANDY A. | 2958 GIVERNY CIR | TALLAHASSEE FL |
| T | FILEMON, PATACSIL | 1773 HILL N' DALE | TALLAHASSEE FL |
| S | HINCHCLIFFE, PILAR | 5709 SPLIT OAK LANE | TALLAHASSEE FL |

8. Name and Address of Current Registered Agent

DIAO, CLYDE L.
4227 BENCHMARK TRACE
TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

Name: 300002350143--7
-11/18/97--01032--006
*****61.25 *****61.25

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

Suite, Apt. #, Etc.:

City: State: FL Zip Code:

300002350143--7
-11/18/97--01032--007
****175. ****175.00

CR2E040 (8/97)

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: [signature] REGISTERED AGENT MUST SIGN

Date: 10/29/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑

(See other side for information on intangible tax.)

12. 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:** Dilan R. Humbly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/97
Date

488-6111
Daytime Phone #