

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

DOCUMENT # **N94000004288**

96 DEC 20 PH 3: 06

1. Corporation Name

HISPANIC AMERICAN FIREFIGHTERS ASSOCIATION, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

420 S.W. 18 TERRACE
MIAMI FL 33129-1021
US

P.O. BOX 557968
SOUTH MIAMI FL 33255-7968
US

12/20/96



REINSTATEMENT 96

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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	ZARAGOZI, JORGE	% 548 PAYNE DRIVE	MIAMI SPRINGS FL 33168
D	HERRERA, BILL	% 548 PAYNE DRIVE	MIAMI SPRINGS FL 33168
D	BORGES, DOUGLAS	% 548 PAYNE DRIVE	MIAMI SPRINGS FL 33168
D	BOSQUE, RAUL	% 548 PAYNE DRIVE	MIAMI SPRINGS FL 33168
D	BALLESTER, EDDW	% 548 PAYNE DRIVE	MIAMI SPRINGS FL 33168
D	NOCHEA, JOSE	% 548 PAYNE DRIVE	MIAMI SPRINGS FL 33168

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JONES, DOUGLAS E 2250 S.W. 3RD AVE. MIAMI FL 33129		Name ROBERTO ROJAS Street Address (P.O. Box Number is Not Acceptable) 2250 SW 3 AVE Suite, Apt. #, Etc. 2250 SW 3 AVE THIRD FLOOR City MIAMI State FL Zip Code 33129	

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

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

\$236.25 (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)(f), 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]* **ROBERTO ROJAS** 12.4.96 305 856 6868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR28040 (7/96)