

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 DEC -9 PM 2:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N96000004560

1. Corporation Name
NICARAGUAN AMERICAN BAR ASSOCIATION, INC.

Principal Place of Business 1925 PONCE DE LEON BLVD CORAL GABLES FL 33134	Mailing Address 1925 PONCE DE LEON BLVD CORAL GABLES FL 33134
---	---

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.		09/03/1996	
City & State		City & State		5. FEI Number	
Zip		Country		N/A	
				Applied For	
				<input checked="" type="checkbox"/> Not Applicable	
				6. 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	MONGADA, ANGELIKA Hunnefeld, Angelika	1925 PONCE DE LEON BLVD	CORAL GABLES FL 33134
D	HILLEPRANDT, CARMEN	4817 SW 135 CT EON BLVD	MIAMI FL 33175
D	NICARAGUA, MANAGUA	4817 SW 135 CT EON BLVD	MIAMI FL 33175
D	HUNNEFELD, HENRY J	1925 PONCE DE LEON BLVD	CORAL GABLES FL 33134

REINSTATEMENT 97 56 12-11-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HUNNEFELD, HENRY J 1925 PONCE DE LEON BLVD CORAL GABLES FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		500002373635--3	
		Suite, Apt. #, Etc.	
		-12/16/97--01075--007	
		City	
		****236.25 State Zip Code	
		FL	

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]* Date: 11/26/97

REGISTRAR AGENT MUST SIGN

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: *[Signature]* 11/26/97 305-443-0020

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

CR2ED40 (8/97)