

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003950

1. Corporation Name

AMERICAN INDIAN RIGHTS OF FLORIDA, INC.

Principal Place of Business

1661 ILLINOIS RD.
CLEARWATER FL 33756

Mailing Address

1661 ILLINOIS RD.
CLEARWATER FL 33756

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
37731 Florida Ave

City & State
Dade City FL

Zip Country
33525 USA

3. New Mailing Office Address, If Applicable

7218 5th Ave N.

Suite, Apt. #, etc.
St. Petersburg, FL

City & State

Zip Country
33710 USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1999

5. FEI Number 59-367-9054

Applied For

See copy of application

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	4 City / State / Zip
President	Conrado De La Torre	37731 Florida Ave	Dade City, FL 33525
Dir	Beverly Gray	7210 N. Manhattan Ave Apt 2523	Tampa, FL 33614
Dir	Michael Falcon	12233 Pasco Trail's Blvd	Spring-hill, FL 34610
Dir	Connie Going	7218 5th Ave N	St Petersburg, FL 33710
Dir	Susan Krueger	P.O. Box 270592	Tampa, FL 33688
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8. Name and Address of Current Registered Agent

MOODY, SOUGLAS
1661 ILLINOIS RD.
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name
Conrado De La Torre
Street Address (P.O. Box Number is Not Acceptable)
37731 Florida Ave
Suite, Apt. #, Etc.

City Dade City

State FL

Zip Code 33525

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

REGISTERED AGENT MUST SIGN

Date 11/1/00

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/00 352-567-9991
Date Daytime Phone #