

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 12 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002444

1. Corporation Name

ASOCIACION EMERGENCIA AYACUCHO INC.

2. Principal Office Address

9130 South Dadeland Blvd.

Suite, Apt. #, etc.

Suite 1607

City & State

Miami, Fl.

Zip

33156-7851

Country

USA

3. Mailing Office Address

9130 South Dadeland Blvd.

Suite, Apt. #, etc.

Suite 1607

City & State

Miami, Fl.

Zip

33156-7851

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/16/1999

5. FEI Number

65-0920961

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

Marina Hirschfield

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

4211 N Bay Road

Suite, Apt. #, Etc.

City

Miami Beach

500003851415-9

-03/13/01--01119--001

****236.25 ****236.25

500003851415-9

-03/13/01--01119--002

****236.25 ****236.25

FL 33140

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

Marina Hirschfield
REGISTERED AGENT MUST SIGN

Date March 7, 2001

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
P/D	Carmen-Rosa Amoros	14224 SW 91st Street	Miami, Fl. 33186
VP/D	Maria H. Protzel-Capurro	781 Crandon Blvd., Apt. 1204	Key Biscayne, Fl. 33149
S/D	Maria Rodriguez-Pastor	3941 Adra Avenue	Miami, Fl. 33178
T/D	Susana Sarmiento	12336 NW 14th Street	Pembroke Pines, Fl. 33026
M/D	Violeta Cepeda	7200 SW 109 Terrace	Pinecrest, Fl. 33156
			LS

10. 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:

Carmen Rosa Amoros
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmen Rosa Amoros, Pres. 3.7.01

Date

(305) 670 3716

Daytime Phone #