

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 21 AM 8:00

DOCUMENT # N0100000 2126

1. Corporation Name

Mexican Council of Tampa Bay, Inc

REINSTATEMENT 02-04

100036990961
05/21/04--01038--005 **358.75

MRB

2. Principal Office Address

612 Franklin St

Suite, Apt. #, etc.

3. Mailing Office Address

612 Franklin St

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33756-5414

Country

USA

Zip

33756-5414

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-22-01

5. FEI Number

59-3716013

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

Robin I. Gomez

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

1316 Whispering Pines Dr

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33764-2822

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

Robin I. Gomez

Date 3-1-04

REGISTERED AGENT MUST SIGN

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	Margarito Perez	612 Franklin St	Clearwater FL 33756
VP	Odilon Mezquite	612 Franklin St	Clearwater FL 33756
T	Severiano Gonzalez	612 Franklin St	Clearwater FL 33756

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)(l), 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:

MARGARITO PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-04 727-560-0982

Date

Daytime Phone #

CR2E081 (01/04)