PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 NOV 14 PM 12:07

DOCUMENT # 725704

1. Corporation Name

INTERNATIONAL LONGSHOREMENS ASSOCIATION (AFL-CIO)-EMPLOYERS WELFARE FUND, SOUTHEAST FLORIDA PORTS, INC.

500397583755
11/14/22--01009--003 **3062.50

2. Principal Office Address - No P O Box #	3. Mailing Office Address
3350 sw 148 Avenue	3350 sw 148 Avenue
Suite, Apt #, etc: Suite 210	Suite, Apt #, etc: Suite 210
City & State: Miramar, Florida	City & State: Miramar, Florida
Zip: 33027 Country: USA	Zip: 33027 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-0832169 ✓ 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: Javier Talamo

Street Address (P O Box Number is Not Acceptable): 7600 west 20 Avenue

Suite, Apt #, Etc: Suite 213

City: Hialeah State: FL Zip Code: 33016

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: _____ Date: 11/14/2022

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
D	Elise Dixon	3350 sw 148 Avenue - Suite 210	Miramar, Florida 33027
DT	Luis Gonzalez	1007 N. America Way-Suite 407	Miami, Florida 33132
DT	Carlos Arocha	635 Australia Way	Miami, Florida 33134
DT	Torin Ragin	816 nw 2nd Avenue	Miami, Florida 33136
DT	Johnnie Dixon	440 nw 6th Street	Fort Lauderdale, Florida 33311
DT	Eduardo Montoto	1007 N. America Way- Suite 403	Miami, Florida 33132

10. E-mail Address: edixon@ilamiamibenefits.org
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this applicat on 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 and that all fees owed by the corporation have been paid I further certify the information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath I am aware that any information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F S

SIGNATURE: _____ 11/14/2022 (786)459-7257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NOV 14 2022

R. HUNT