

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 SEP 19 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N 99000002510**

1. Corporation Name

**AMBASSADOR DR. GUILLERMO  
SEVILLA SACASA  
FOUNDATION, INC**

2. Principal Office Address

**14160 SW 165 ST.**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33177**

Country

**USA**

3. Mailing Office Address

**8909 HARVEST SQ.**

Suite, Apt. #, etc.

City & State

**POTOMAC, MD.**

Zip

**20854**

Country

**USA**

**REINSTATEMENT 01-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**4-20-99**

5. FEI Number

**04-3721851**

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

**GUILLERMO A. SEVILLA SOMOZA**

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

**14160 S.W. 165 ST.**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33177**

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

**Guillermo A. Sevilla S.**

REGISTERED AGENT MUST SIGN

Date

**8/28/03**

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
PRES	EDDA SEVILLA	8909 HARVEST SQUARE COURT	POTOMAC, MD 20854
TREAS	LORENA SEVILLA	" " " "	" " " "
SEC	GUILLERMO SEVILLA	14160 SW 165 ST.	MIAMI, FL 33177
DIR	WILLIAN SOMOZA	505 NAVARRE ST.	CORAL GABLES, FL 33134

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Guillermo A. Sevilla S.**

Date

**8/28/03**

Daytime Phone #

**(305)  
815-5985**

CR2E081 (1/0/02)