

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702487

1. Corporation Name

CORAL GABLES PEOPLE TO PEOPLE PROGRAM, INC.
a Not-For-Profit corporation

Principal Place of Business

Mailing Address

1317 Astoria Avenue
Coral Gables, FL 33134

1317 Astoria Avenue
Coral Gables, FL
33134

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-6158815

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	BOB FERREIRA	1317 Astoria Avenue	Coral Gables FL 33134
VP	GUS CASAS	1310 Columbus Blvd.	Coral Gables FL 33134
S	LUCILLE FLEMMING	1229 Palermo Ave.	Coral Gables FL 33134
T	ALLAN HEARD	1252 Alhambra Circle	Coral Gables FL 33134
			800002017098-3
			-12/02/96-01038-010
			****420.00 ****420.00
			061-25-94

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AL SCHRADER
P.O. BOX 140684
CORAL GABLES, FL 33114

Name

JOHN M. THOMSON

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

370 Minorca Avenue

Suite, Apt. #, Etc.

Suite One

City

Coral Gables

State

FL

Zip Code

33134

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

John M. Thomson
REGISTERED AGENT MUST SIGN

Date 11-15-94

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

John M. Thomson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 15, 1996/442-0390
Date Daytime Phone #