

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.

2. Principal Office Address - No P.O. Box #

3350 sw 148 Avenue

3. Mailing Office Address

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. FE 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 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. 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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2022 (786) 459-7257

Date

Daytime Phone #

NOV 14 2022

R. HUNT