

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 JUL 28 PH 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730219**

1. Corporation Name

SPANISH AMERICAN LEAGUE AGAINST DISCRIMINATION

REINSTATEMENT 04-05

600058003666

07/28/05--01013--003 **245.00

2. Principal Office Address

900 S.W. First Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Same

City & State

Miami, Florida

City & State

Same

Zip

33130

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1974

5. FEI Number

59-2017670

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

OSVALDO N. SOTO, ESQ.

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

2655 LeJeune Road.- Gables International Plaza

Suite, Apt. #, Etc.

Penthouse # 2

City

Coral Gables

State

FL

Zip Code

33134

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

[Signature]
OSVALDO N. SOTO
REGISTERED AGENT MUST SIGN

Date

07-26-05

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
Chm	Osvaldo N. Soto, Esq.	2655 LeJeune Road.-Penthouse #2	Coral Gables, FL. 33134
CEO	Rodolfo Pittaluga	600 Biltmore Way.- Apt. 907	Coral Gables, FL. 33134
VP	Oscar A. Cedeño	13040 N.W. 6 Terrace	Miami, FL. 33182
Treas.	Angel De Pedro	4750 N.W. 6th. Street	Miami, FL. 33131
Sec.	Richard Kuper, Esq.	226 E. Flagler St. Suite 200	Miami, FL. 33131
ExDir	Jaime A. Pérez	6904 W. 14 Ct.	Hialeah, FL. 33014

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OSVALDO N. SOTO

Date

07-26-05 305-567-0010

Daytime Phone #

CR2E081 (01/05)

8/30/05