

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732036

1. Corporation Name

REAL ESTATE LATIN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 350158
MIAMI FL 33135-0158

P.O. BOX 350158
MIAMI FL 33135-0158

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
00 NOV 28 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 00

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1975

SP

5. FEI Number

59-1656088

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	
1	2	3	4
P	RODRIGUEZ ROIG, ENNA	7951 40TH ST SUITE 208	MIAMI FL
V	CADI, JOSE	8150 SW 8TH ST SUITE 217	MIAMI FL
T	DE MOLINA, MARIA GOMEZ	1221 BRICKELL AVE., STE. 1820	MIAMI FL
S	SEBASTIAN, JOAQUIN	1345 LINCOLN RD., STE. 903	MIAMI BCH. FL
D	DAIRE, ALBERTO	7175 SW 8TH ST., STE. 210	MIAMI FL
D	ESTEVEAN, ERNESTO O	1140 W 50 ST SUITE 207	HIALEAH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AGUILERA, GUIDO A., ESQ.
815 PONCE DE LEON #200
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-22-2000

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., 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

Date

Daytime Phone #

11-22-2000

CR2E040 (8/00)