

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

97 FEB 28 PM 12:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 732827

1. Corporation Name

THE BILINGUAL ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 653541
MIAMI FL 33265-3541

P.O. BOX 653541
MIAMI FL 33265-3541

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

900002103399--9
03/04/97--01037--005

Zip

Country

306.25 306.25

REINSTATEMENT

96-97 00

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1975

5. FEI Number

65-0078619

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	GARCIA, DELIA C. Castillo, Melina E.	12350 S.W. 94 TERRACE 173 Truxton Drive	MIAMI FL 33188 Miami Springs FL 33166
VPD	GASTRO, MARGARITA Diaz, Silvia G.	2124 S.W. 93 COURT 4420 SW 106 Avenue	MIAMI FL 33185 Miami FL 33165
VPD	CASTILLO, MELINA Pabellon, Maria V.	173 TRUXTON DRIVE 14826 SW 74 Lane	MIAMI SPRINGS FL 33188 Miami FL 33193
VP	DIAZ, SILVIA	4420 S.W. 106 AVENUE	MIAMI FL 33185
S	SANTIESTEBAN, SOFIA Gutierrez, Sandra	5721 S.W. 50 PLACE 8810 SW 18 Terrace	MIAMI FL 33143 Miami FL 33145
T	HASSON, DEBORAH J. Fernandez, Lilia	15200 N S.W. 45 TERRACE 13131 SW 54 St	MIAMI FL 33158 Miami 33175

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARCIA, DELIA C
FLORIDA INTERNATIONAL UNIVERSITY
UNIVERSITY PARK CAMPUS, TC-106
MIAMI FL 33199

Name
Melina E. Castillo
Street Address (P.O. Box Number is Not Acceptable)
173 Truxton Drive
Suite, Apt. #, Etc.
Miami Springs
City
State
FL
Zip Code
33166

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

Melina E. Castillo
REGISTERED AGENT MUST SIGN

Date

1/17/97

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 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:

Melina E. Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/97

Daytime Phone #

(305)
636-3480
ext 244

CR2E040 (7/96)