

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

FILED

97 NOV -6 PM 3:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 733215

1. Corporation Name

HISPANIC-AMERICAN ASSOCIATION OF SARASOTA-MANATEE COUNTIES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1114
SARASOTA FL 34230

P.O. BOX 1114
SARASOTA FL 34230



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1643875

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	SILVA, OLGA	424 N. BRIGGS AVE.	SARASOTA FL 34237
VD	JOSE LORENZO	2477 HUFFTON CIRC	SARASOTA FL 34235
SD	GLORIA FERNANDEZ	7119 51DR. EAST	BRADENTON FL 34202
SD	JELLY GUESSEN	4905 A 23rd, ST. W	BRADENTON FL. 34207
TD	JOSE MARTINEZ	780 RELLIN LANE	SARASOTA FL 34232

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILVA, OLGA
424 N. BRIGGS AVE.
SARASOTA FL 34237

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 OLGA R. SILVA - *Olga R. Silva*
REGISTERED AGENT MUST SIGN

Date 11-3-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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: OLGA R. SILVA *Olga R. Silva*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-97

Date

Daytime Phone #

CR2040 (8/97)

(2)

11-3-97

This is the 2nd time that
we sent to you this information.
The first time was on March 97
We had never received the check
cancelled. Please let me know any
problem.

Thank you for your cooperation

Alfred Miller