

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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98-97
A/R

APPLICATION FOR REINSTATEMENT

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

DOCUMENT #. 734111

1. Corporation Name
LATIN CHAMBER OF COMMERCE OF THE TAMPA BAY AREA, INC.

Principal Place of Business Mailing Address
**4230 S MAC DILL AVE SUITE 200
TAMPA, FL 33611**

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

600002761886--1
-02/02/99--01059--012
****122.50 ****122.50

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.O.	J. OSVALDO LAINO	324 SOUTH HYDE PARK ST 275	TAMPA, FL 33606
V.O.	GISELA BUSCO	4230 S. MAC DILL AVE # 200	TAMPA, FL 33611
T.O.	ARTURO GIAMUGNANI	4230 S. MAC DILL AVE # 200	TAMPA, FL 33611
A.T.O.	DANIEL VIDAL	10001 DERBY LANE SUITE 203	WESTCHESTER, IL 60154
V.O.	CATANA BOLOGNA	1420 W. WATERS AVE SUITE 105	TAMPA, FL 33604

8. Name and Address of Current Registered Agent
**LAINO, J. OSVALDO
324 S. HYDE PARK SUITE 275
TAMPA, FL 33602**

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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]* Date **12-29-98**
REGISTERED AGENT MUST SIGN

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **12-29-98** Daytime Phone # **813 902-8600**

CR2E040 (1/98)



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December 28, 1998

Florida Department of State
Secretary of State
Divisions of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

Re: Doc # 73411
Latin Chamber of Commerce
of the Tampa Bay Area Inc.

Dear Secretary of State:

Our client, as referenced above, was notified that your Department entered an order of dissolution due to non receipt of the Annual Report.

We would like to bring to your attention that the Latin Chamber of Commerce of the Tampa Bay Area Inc has complied with all of the requirements of prescribed by the Florida Statutes.

In trying to amicably resolve this matter, we found that the Latin Chamber of Commerce of the Tampa Bay Area Inc., on 5/19/98 sent its report together with a check, # 1300 in the amount of \$61.25 also in the same envelope, our client sent a Fictitious Name Application and a check # 1301 in the amount of \$60.00. The check for \$60.00 was paid by our client's bank, and your Department soon after it issued a Fictitious Name Certificate. However the check for \$61.25 has never been received by our client's bank.

Since we have evidence that the envelope containing our clients Annual Report & Fictitious Name Application was received by your department, ie; cashing of check # 1301 your Department issuing the Fictitious Name certificate with the name of Tampa Bay Hispanic Chamber of Commerce.

Further more since the President of the Chamber of Commerce has a stop payment order issued on check # 1300, we are enclosing check # 1397 in the amount of \$61.25 together with a print of the "Stop Payment Screen" from the Southern Exchange bank in Tampa, Florida providing sufficient proof that our client has acted in good faith to preserve its good standing as a Corporation with the Department of State.

~~*Do not detach*~~

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Since our client is a Non Profit organization, and operates with a staff of volunteers, and our company is providing this service at no cost to the client, we ask that you waive the reinstatement fees of \$236.25 as it presents a hardship, and we feel that the Latin Chamber of Commerce of the Tampa Bay Area Inc., acted proper in its mission to satisfy the annual requirements of Florida's Department of State and the Division of Corporations.

If you have any further questions please feel free to contact me.

Thank You,

Sincerely


DANIEL A. VIDAL
Office Manager

cc: J.Osvaldo Laino, President
Gisela Busco, Operations Vice President
Richard La Belle, Secretary

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