

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

96 NOV 18 PM 12:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-11/20/96-01115-816
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REINSTATEMENT

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DOCUMENT #

749303

1. Corporation Name

America Radio Club, Inc.

Principal Place of Business

440 N.W. 59th Ct.
Miami, FL 33126

Mailing Address

P.O. Box 441001
Miami, FL 33144

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

Nilo A. Hernandez

Suite, Apt., etc.
10833 SW 142 Ct.

City & State
Miami, FL

Zip
33186

Country
USA

3. New Mailing Address, If Applicable

America Radio Club

Suite, Apt., etc.
P.O. Box 441001

City & State
Miami, FL

Zip
33144

Country
USA

4. Date of Reinstatement or Quotation
to Do Business in Florida

October 15, 1979

Applied For

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

See Instructions for Reinstatement

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Name(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
	Pd Nilo A. HERNANDEZ	10833 S.W. 142 Ct.	Miami, FL 33186
	Vpd PEDRO CALDERON	1753 S.W. 35 Ct.	Miami, FL 33145
D	Sec. FRANCISCO CALCAGNO	125 S.W. 96 Ct.	Miami, FL 33174
D	Vice. ILDEFONSO MARTINEZ, Jr.	11873 S.W. 203 St.	Miami, FL 33177
D	Treasurer Roberto Milian	281 S.W. 71 Av.	Miami, FL 33144
	DIRECTOR ILDEFONSO MARTINEZ, Jr.	11873 SW 203 St.	Miami, FL 33177

8. Name and Address of Current Registered Agent

Adrian ESPINOSA
932 W FLAGLER ST
Miami, FL 33130

9. Name and Address of New Registered Agent

Name
JUAN B. HUARTE
Street Address (P.O. Box Number is Not Acceptable)
440 NW 59 Ct
Suite, Apt., Etc.
City
MIAMI
State
FL
Zip Code
33126

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

Juan B. Huarte

REGISTERED AGENT MUST SIGN

Date Nov. 12, 1996

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 no reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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:

Cut M. Hilde President

11-12-96 (305) 383-8576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone