

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 751610

1. Corporation Name

Coalition of Hispanic American Women, Corp (CHAW)  
(Non Profit Corp) W97-14025

Principal Place of Business

Mailing Address

717 Ponce de Leon Blvd  
Suite —

P.O. Box 144982

Coral Gables, Fl. 33144-4982

Coral Gables, Fl. 33134

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1979

5. FEI Number

59-2045241

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)

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
President	Madeline Rdz. (D)	717 Ponce de Leon Blvd Suite 221 Coral Gables, Fl 33134	Coral Gables, Fl. 33134
V.P.	Ivette A. Morgan (D)	717 Ponce de Leon Blvd Suite 221	Coral Gables, Fl 33134
V.P.	Vilma Valdes (D)	717 Ponce de Leon Blvd. Suite 221	Coral Gables, Fl. 33134.
			800002264868--9 -08/12/97-01025-003 ****358.75-****358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Marcia B. Caballero, Esq.

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

2450 S.W. 137 Ave.

Suite, Apt. #, Etc.

221

City

Miami Fl.

State

FL

Zip Code

33175

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

Date

7/2/97

REGISTERED AGENT MUST SIGN

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:

Maselina Rodriguez, President

7/2/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #