

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

00 MAR 23 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753845

1. Corporation Name
CAMARA HISPANA DE COMERCIO, INC
HIS PANIC CHAMBER OF COMMERCE INC.

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-04/05/00--01002--029
****910.00 ****910.00

2. Principal Office Address
23550 SW 153 CT

Suite, Apt. #, etc.
HOMESTEAD, FLA
33032

City & State
HOMESTEAD, FLA

Zip
33032

Country
USA

3. Mailing Office Address PO BOX
700835, MIAMI

Suite, Apt. #, etc.
FL 33170-0835

City & State
MIAMI, FLORIDA

Zip
33170-0835

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 8-13-1980

5. FEI Number
59-2097526

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Yvelice T. Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
23550 SW 153 CT. H

Suite, Apt. #, Etc.

City
HOMESTEAD, FLORIDA, 33032

State
FL

Zip Code
33032

REINSTATEMENT 89-00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Yvelice Gonzalez
REGISTERED AGENT MUST SIGN

Date 3-22-2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D.	Yvelice T. Gonzalez	23550 SW 153 CT	Homestead, Fla 33032
V.P.	Michael Mendez	15785 SW 242 ST	Homestead, Fla-33031
S.D.	Maria Mendez	15785 SW 242 ST	Homestead, FL 33031
U.S.D.	Barbara Oliver Paulson	22850 SW 179 Place	Homestead, FL 33170
T.D.	Miguel Gonzalez	23550 SW 153 CT	Homestead FL 33032

10. 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:

Yvelice Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-2000 305-246-0021

Date

Daytime Phone #