

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 DEC -6 AM 11:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **MO4127**

1. Corporation Name

DELGADO'S HEMISPHERIC CORP.

Principal Place of Business

1840 CORAL WAY, SUITE 102
MIAMI FL 33145

Mailing Address

1840 CORAL WAY, SUITE 102
MIAMI FL 33145

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

2. New Principal Office Address, if Applicable

130 S.W. 52 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33134

Country

U.S.A.

3. New Mailing Office Address, if Applicable

130 S.W. 52 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33134

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1984

5. FEI Number

59-2561563

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	DELGADO, FRANCISCO	130 S.W. 52 AVE	MIAMI FL
DV	DELGADO, JESUS	130 S.W. 52 AVE	MIAMI FL
DST	DELGADO, PEDRO M	130 SW 52 AVE.	MIAMI FL

8000002022538--1
-12/06/96--01088--006
****383.75 ****383.75

8. Name and Address of Current Registered Agent

CRUZ, ALEJANDRINA G.
780 NW LEJEUNE ROAD
STE. 427
MIAMI FL 33128

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12-02-96**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Francisco Delgado - President

Date

12-02-96

Daytime Phone #

(305) 448-6611