

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 APR -9 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N00000000293

**1. Corporation Name**

THE FIRST MEXICAN CHAMBER OF COMMERCE OF FLORIDA, INC.

**2. Principal Office Address**

301 E. Pine Street

Suite, Apt. #, etc.

Suite 1400

City & State

Orlando, Florida

**3. Mailing Office Address**

P.O. Box 3068

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32801

Country

USA

Zip

32802-3068

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/18/2000

**5. FEI Number**

☒ 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

WILLIAM A. BOYLES

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

301 E. Pine Street

Suite, Apt. #, Etc.

Suite 1400

City

Orlando

State

FL

Zip Code

32801

**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

*William A. Boyles*  
REGISTERED AGENT MUST SIGN

Date 04-08-02

**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
D/P	Oscar Pineda	647 Northlake Blvd.	Altamonte Springs, FL 32714
D/VP	Lucina Figueroa Alvarado	359 Alston Drive	Orlando, FL 32835
D/S/T	Guadalupe Aguirre	823 S. Park Avenue	Apopka, FL 32703

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar Pineda, Pres.

Date

04-08-02

Daytime Phone #

407-877-3378

CR2E081 (9/01)