

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000004312**

1. Corporation Name

**HISPANIC WOMEN CHAMBER
OF COMMERCE INC.**

2. Principal Office Address - No P.O. Box #

6435 Coral Way

Suite, Apt. #, etc.

—

City & State

MIAMI FLORIDA

Zip

33155

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

—

City & State

—

Zip

—

Country

—

000148812700

04/06/09--01045--008 **367.50

REINSTATEMENT 07-09

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

6/28/2000

5. FEI Number

65-1047543

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

NORMA STRYDIO

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

6435 CORAL WAY

Suite, Apt. #, Etc.

—

City

MIAMI

State

FL

Zip Code

33155

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Norma Strydio

REGISTERED AGENT MUST SIGN

Date **4-3-09**

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/T | NORMA STRYDIO | 6435 Coral Way | MIAMI FL 33155 |
| VP/S | CARIDAD GOMEZ | 6241 N.W. 197 Terrace | MIAMI FL 33015 |
| D | FELIX G. SANCHEZ | 11701 S.W. 68 CT. | PINECREST FL 33156 |
| D | NOELI SANCHEZ | 11701 S.W. 68 CT. | PINECREST FL 33156 |
| | | \$7417 | |
| | | | |

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 contained in Chapter 119, 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: **Norma Strydio - NORMA STRYDIO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-09

Date

305-663-7272

Daytime Phone #