

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N00000007413**

1. Corporation Name

**PRIDE AGAINST VIOLENCE / ORGULLO CONTRA LA VIOLENCIA, INC.**

Principal Place of Business

C/O DAVID DA SILVA CORNELL ESQ.  
1500 BAY RD #1140  
MIAMI BEACH FL 33139

Mailing Address

C/O DAVID DA SILVA CORNELL ESQ.  
1500 BAY RD #1140  
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/03/2000

5. FEI Number

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 3	City / State / Zip 4
D	CASAS-DON, RAFAEL	1500 BAY RD #1140	MIAMI BEACH FL 33139
DPST	DA SILVA CORNELL, DAVID	1500 BAY RD #1140	MIAMI BEACH FL 33139
D	CUEVA, GISELE	1500 BAY RD #1140	MIAMI BEACH FL 33139
D	ESTRADA, BEATRIZ	1500 BAY RD #1140	MIAMI BEACH FL 33139
D	NEWSOME, SANDRA	1500 BAY RD #1140	MIAMI BEACH FL 33139
D	WALKER, MICHAEL D	1500 BAY RD #1140	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

DA SILVA CORNELL, DAVID  
1500 BAY RD #1140  
MIAMI BEACH FL 33139

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

*David Silva Cornell*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

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11. 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:

*David Silva Cornell*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/01

Date

(305) 579.0733

Daytime Phone #

FILED

02 JAN -2 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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