

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 21 PM 4:00

DOCUMENT # N01000000074

1. Corporation Name

FRATERNITAS ROSICRUCIANA ANTQUA, INC.

Principal Place of Business

Mailing Address

PO BOX 720307
MIAMI FL 33172

PO BOX 720307
MIAMI FL 33172



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1064866

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	AVILA, IVAN	PO BOX 720307	MIAMI FL 33172
DST	PEREZ-MAYO, JOSE	PO BOX 720307	MIAMI FL 33172
D	ARNAIZ, JOSE R	PO BOX 720307	MIAMI FL 33172
D	ARNAIZ, BERENICE	PO BOX 720307	MIAMI FL 33172
D	VALVERDE, MARIELA	PO BOX 720307	MIAMI FL 33172
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARNAIZ, JOSE R
10940 W FLAGLER ST STE 404
MIAMI FL 33174

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.

AL

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/26/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/01 305
559-4003