

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 -5 PM 1: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **ND 1389**

1 Corporation Name

Republican National Forum, Inc

Principal Place of Business

Mailing Address

**1301-1335 N.W. 23 STREET
MIAMI, FLORIDA 33142**

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 Address, If Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

02-10-1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

72-581031 P

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.D.	Armesto-Garcia, Eladio	1301-1335 N.W. 23 STREET,	MIAMI, Fla. 33142
D	Armesto-Yolanda D.	6952 WILLOW LANE	MIAMI LAKES, FL. 33014
D	Armesto-Rosa Maria	6952 Willow Lane	MIAMI LAKES, FL. 33014
Sec	Armesto, Maytee' D.	10811 S.W. 66 Drive	MIAMI, FL. 33173
Treas.	-		
			400002024784--3
			-12/10/96--01101--006
			***551.25 ***551.25

8. Name and Address of Current Registered Agent

**ELADIO ARMESTO-GARCIA
1301-1335 N.W. 23 STREET
MIAMI, FLORIDA 33142**

9. Name and Address of New Registered Agent

Name

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

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

Eladio Armesto Garcia
REGISTERED AGENT MUST SIGN

Date **12/5/1996**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Eladio Armesto Garcia
12/5/1996

Date

Daytime Phone #

CR2E040 (12/95)