

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 83

**DOCUMENT #** 202000003355

**1. Corporation Name**

Fundacion Manos Sobre Nicaragua, Inc.

**2. Principal Office Address**

14464 SW 138 PL

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

Miami, FL

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

FL

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

5. FEI Number

04-3657538

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$8.75 Additional Fee required  
for a Certificate of Status

05/06/02

**7. Name and Address of Current Registered Agent**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33186

**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

REGISTERED AGENT MUST SIGN

Date

**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/D	Gloria Hueck	14464 SW 138th PL	Miami, FL 33186
V/D	Zenobia Porta	14464 SW 138th PL	Miami, FL 33186
V/D	Francisco Jimenez	14464 SW 138th PL	Miami, FL 33186
V/D	Vilma Lucero	14464 SW 138th PL	Miami, FL 33186

**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:**

Gloria de Hueck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03 305 256-1545

Date

Daytime Phone #

CR2E081 (10/02)

2/10/27