

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 21 AM 8:00

DOCUMENT # N02000003728

1. Corporation Name

HISPANIC CHAMBER OF COMMERCE OF
COLLIER COUNTY, INC.

2. Principal Office Address

2740 BAYSHORE DR

Suite, Apt. #, etc.

UNIT 5

3. Mailing Office Address

2740 BAYSHORE DR.

Suite, Apt. #, etc.

UNIT 5

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34112

Country

USA

Zip

34112

Country

USA

REINSTATEMENT

03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/2002

5. FEI Number

61-142-81-58

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

VALAREE MAXWELL

400041216594

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

2740 BAYSHORE DRIVE

09/21/04--01063--001 **86.25

Suite, Apt. #, Etc.

UNIT 5

12/23/03 01015 019 *211.25

City

NAPLES

State

FL

Zip Code

34112

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

Date 9/17/04

REGISTERED AGENT MUST SIGN

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
Chair of Board	PAUL G. FINIZIO	106 SE 9TH ST	FT LAUDERDALE, FL 33316
PRES	VALAREE MAXWELL	2740 BAYSHORE DR UNIT 5	NAPLES, FL 34112
D	MARIA BOTANA	4649 9TH ST N.	NAPLES, FL 34103

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/04

Date

239-
774-1800

Daytime Phone #

CR2E081 (01/04)