

H03000342775 3LED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000007265

1. Corporation Name

JORGE POSADA FOUNDATION, INC.

2. Principal Office Address

123 S.E. 3rd Ave.

3. Mailing Office Address

123 S.E. 3rd Ave.

Suite, Apt. #, etc.

Suite 243

Suite, Apt. #, etc.

Suite 243

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

REINSTATEMENT

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

09/23/2002

5. FEI Number

05-0569457

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

Intrastate Registered Agent Corporation

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

701 Brickell Avenue

Suite, Apt. #, Etc.

Suite 3000

City

Miami

State

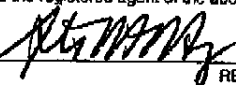
FL

Zip Code

33131

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**



Steven H. Hagen, Vice President

Date 12-29-03

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
D	De Posada, Jorge	301 E. 94th St., #30C	New York, NY 10028
D	De Posada, Laura	301 E. 94th St., #30C	New York, NY 10028
D	Espinel, Luis	4509 S. Johnson Street	New Orleans, LA 70125

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)(b), 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:



Dec 21 03

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

H03000342775 3

** TOTAL PAGE.02 **

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000342775 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : HOLLAND & KNIGHT OF MIAMI
Account Number : 072203000603
Phone : (305)374-8500
Fax Number : (305)789-7799

CORPORATION REINSTATEMENT

JORGE POSADA FOUNDATION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$245.00

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)