

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR -9 PH 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000003338**

1. Corporation Name
**COMITE DE SOLIDARIDAD DE
LAS ORGANIZACIONES
ECUATORIANAS DE FLORIDA INC**

2. Principal Office Address
5661 HAWKES BLUFF AVE

3. Mailing Office Address
P.O. BOX 22892

Suite, Apt. #, etc.
DAVIE

Suite, Apt. #, etc.
HIALEAH

City & State
DAVIE FL

City & State
HIALEAH, FL

Zip Country
33331 USA

Zip Country
33002 USA

REINSTATEMENT **04-06**
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **04/15/2003**

5. FEI Number 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 **Sonia S. Dominguez**

Street Address (P.O. Box Number is Not Acceptable)
5661 HAWKES BLUFF AVE

Suite, Apt. #, Etc.

City **DAVIE T**

200067883172
03/15/06 01000 020 **367.50

State Zip Code
FL 33331

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: *[Signature]*
REGISTERED AGENT MUST SIGN

Date **March 6-2006**

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	Sonia S. Dominguez	5661 HAWKES BLUFF AVE.	DAVIE FL 33331
VP	ROY GOMEZ	4926 TRADEWINDS TERR	DAVIE FL 33312
T	CARLOS YEPEZ	15250 SW 61 ST.	MIAMI FL 33193
S	LIDIA DUNKLEBERGER	6725 WEST 15 CT.	HIALEAH FL 33012
P-S	FANNY ULTE	10294 SW 139 PLACE	MIAMI FL 33186
			03/13

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 contained in Chapter 119, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **March 6-2006** (954) 252-0772
Daytime Phone #