1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 11 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003658

1. Corporation Name
Organization De Liberales NIcaraguenses En los Estados Unidos de America, INC.

100073712211
05/02/06--01003--025 **358.75

REINSTATEMENT 04-06

2. Principal Office Address	3. Mailing Office Address
9463 WEST FLAGLER ST.	9463 WEST FLAGLER ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33174 Country:	Zip: 33174 Country:

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: HURTADO CESAR D.D.S.

Street Address (P.O. Box Number is Not Acceptable): 9463 WEST FLAGLER ST.

100073712211
05/02/06--01003--026 **8.75

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33174

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 X _____ Date 03/20/2006
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
P	CESAR HURTADO	9463 WEST FLAGLER	MIAMI, FL. 33174
SEC	BOZA ARMANDO	9135 SW 147TH CT	MIAMI, FL. 33196
TREA	VELEZ ROGER	12200 SW 118TH TER	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 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: X _____ 03/20/2006 305-444-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell APR 13 2006

March 20th, 2006
Miami, Florida

To: Department of State

Ref: Reinstatement of a Non Profit Corporation

Dear Sir. Or Madam:

The present letter is to certify that the annual report was not received at all at the mailing address of the corporation, we apologize for not filling the annual repot on time. We are sending a check for the amount of $358.75 for the years that the corporation was not paid and also a check for the amount of $8.75 as an additional fee for a Certificate Status.

Thank you in advance for your attention to the present matter.

Sincerely Yours;

President
Cesar Hurtado