

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 13 AM 8:00

**REINSTATEMENT** 04



10102004 REIN-NP

CR2E099 (6/04)

*MRS*

4. FEI Number **90-0088934** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PINZON-RODRIGUEZ, EVA  
4417 N. LOIS AVE.  
TAMPA, FL 33614

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eva Pinzon*  
Signature, typed or printed name of registered agent and title if applicable.

*Eva Pinzon*  
(NOTE: Registered Agent signature required when reinstating)

*10/11/04*  
DATE

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2005, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PINZON, EVA	
STREET ADDRESS	4417 N. LOIS AVE.	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERRIOS, HIRAM	
STREET ADDRESS	4417 N. LOIS AVE.	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANGEL E SR.	
STREET ADDRESS	4417 N. LOIS AVE.	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600041845726	
CITY-ST-ZIP	10/13/04--01028--008 **70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eva Pinzon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/11/04*  
Date

Daytime Phone #