

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000005983

1. Corporation Name

SOUTH FLORIDA PROFESSIONAL CHAPTER OF THE SOCIETY OF HISPANIC PROFESSIONAL ENGINEERS, INCORPORATED

2. Principal Office Address - No P.O. Box #

3250 NE 1st Ave.

Suite, Apt. #, etc.

Apt. 1110

City & State

Miami, FL

Zip

33137

Country

US

3. Mailing Office Address

3250 NE 1st Ave.

Suite, Apt. #, etc.

Apt. 1110

City & State

Miami, FL

Zip

33137

Country

US

7. Name and Address of Current Registered Agent

Name

Kimberly V. Verdes

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

3250 NE 1st Ave.

Suite, Apt. #, Etc.

Apt. 1110

City

Miami

State

FL

Zip Code

33137

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

Kimberly V. Verdes

REGISTERED AGENT MUST SIGN

Date 11/13/2009

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	Kimberly V. Verdes	3250 NE 1st Ave.	Miami, FL 33137
V	Vanessa J. Garcia	580 SE 4th St.	Hialeah, FL 33010
V	Selenis B. Leguisamon	14740 SW 142nd St.	Miami, FL 33196
T/D	Ivan C. Contreras	21323 SW 87th Ct.	Cutler Bay, FL 33189
S/D	Ana M. Marmolejo	19366 SW 103rd Ct.	Miami, FL 33157
D	Pedro Gomez	4117 Bougainvilla Dr. #207	Ft. Lauderdale, FL 33308

10. E-mail Address: kimberly.verdes@gmail.com

(To be used for future annual report notification)

11. 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, I further certify, 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:

Kimberly V. Verdes

Kimberly V. Verdes

11/13/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 NOV 20 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162985365
11/20/09--01021--003 **245.00

REINSTATEMENT

06-09

4. Date Incorporated or Qualified
To Do Business in Florida 07/14/2003

5. FEI Number
651197325

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.