

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 26 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *NO3 00000 6416*

1. Corporation Name

PODER CHARITIES & EDUCATION FUND INC.

800172224338
03/26/10--01040--013 **\$1.25

800172224338
03/15/10--01062--017 **\$236.25

REINSTATEMENT *09-10*

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

7135 COLLINS AVE

Suite, Apt. #, etc.

416

City & State

MIAMI BEACH, FL

Zip

33141

Country

USA

3. Mailing Office Address

7135 COLLINS AVE

Suite, Apt. #, etc.

416

City & State

MIAMI BEACH, FL

Zip

33141

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/2003

5. FEI Number

550841562

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

GERMAN FILGUEIRA

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

7135 COLLINS AVE

Suite, Apt. #, Etc.

#416

City

MIAMI BEACH

State

FL

Zip Code

33141

☐ 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.

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

REGISTERED AGENT MUST SIGN

Date *03/09/2010*

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
<i>PRES.</i>	<i>GERMAN FILGUEIRA</i>	<i>7135 COLLINS AVE #416</i>	<i>MIAMI BEACH, FL. 33141</i>
<i>SEC.</i>	<i>DIANA CONCHADO</i>	<i>6801 SHORE RD. #3A</i>	<i>BROOKLYN, N.Y. 11220</i>
<i>TRES.</i>	<i>ALVARO MARMOLETO</i>	<i>5838 COLLINS AVE #156</i>	<i>MIAMI BEACH, FL. 33140</i>

10. E-mail Address: *GERMAN @ PODER INC. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/10 305-776-1212

Date

Daytime Phone #