

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000005686

1. Corporation Name

Nicaraguan Student Association

WL-10445

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

11200 SW 8th St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33199

Country

U.S.

3. Mailing Office Address

11389 NW 7st

Suite, Apt. #, etc.

Apt. 106

City & State

Miami, FL

Zip

33172

Country

U.S.

FILED
10 MAR 15 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500172224445
03/15/10--01062--019 **183.75
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/2007

5. FEI Number

NONE

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

GAITAN, SANDRA

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

8054 SW 158TH CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33193

☒ 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

Sandra Gaitan

REGISTERED AGENT MUST SIGN

Date 2/23/10

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
President	Vanessa Grijalba	11389 NW 7st Apt#106	Miami, FL 33172
VP	Vanessa Somarriba	15421 SW 80st Apt#101	Miami, FL 33193
Treasurer	Derek Juarez	16290 SW 68th Terrace	Miami, FL 33193

REINSTATEMENT

RA

10. E-mail Address: NISAFIU@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:

Vanessa Grijalba

Vanessa Grijalba

2/23/10

786-953-9900