

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -5 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO7111

1. Corporation Name

DE LA SALLE ALUMNI ASSOCIATION INC

W-27588

2. Principal Office Address

9600 SW 8 STREET

Suite, Apt. #, etc.

# 26

City & State

MIAMI FL

Zip

33174

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT

94-00

4. Date Incorporated or Qualified  
To Do Business in Florida

01-11-85

SP

5. FEI Number.

Applied for

☒ 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

GUILLERMO BARCENA

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

9600 SW 8 STREET

Suite, Apt. #, Etc.

# 26

City

MIAMI, FL

State

FL

Zip Code

33174

200003554522-5  
-01/18/01--01102-011  
\*\*\*\*\*603.75 \*\*\*\*\*603.75

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

*Guillermo Barcena*

REGISTERED AGENT MUST SIGN

Date

12-1-00

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
PRE. (D)	GUILLERMO BARCENA	9600 SW 8 STREET # 26	MIAMI, FL 33174
VIP (D)	MIGUEL MANZANARO	5601 COLLINS AVE # 9.1	MIAMI BEACH, FL 33140
SR (D)	ESMERALDA NARELA	821 WREN AVE	MIAMI SPRINGS, FL 33166

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 under section 119.07(3)(i), 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

*Guillermo Barcena*  
GUILLERMO D. BARCENA

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-2000 305-279-8509

Date

Daytime Phone #

CR2E081 (9/99)