

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07111**

1. Corporation Name

DE LA SALLE ALUMNI ASSOCIATION INC

2. Principal Office Address

9600 S.W. 8TH STREET

Suite, Apt. #, etc.

26

City & State

MIAMI FL

Zip

33174

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

01-11-85

5. FEI Number **650-05-6973**

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

Julio Gonzalez-Portuondo

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

8299 CORALWAY

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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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

Julio Gonzalez-Portuondo
REGISTERED AGENT MUST SIGN

Date **7-20-04**

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
Pres (D)	Guillermo Diaz de la Barina	5911 SW 93 PL	MIAMI FL 33173
SEC (D)	Julio Gonzalez-Portuondo	8299 Coralway	MIAMI FL 33155
Treas	Julio E Portuondo	8441 S.W. 78 St.	MIAMI FL 33143

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:

Julio E Portuondo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-04

Date

305-2791101

Daytime Phone #

CR2E081 (01/04)



De La Salle Alumni Association, Inc.

P. O. BOX 440799 • MIAMI, FLORIDA 33144

(305) 227-3716

July 20, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

To Whom It May Concern: Re: Document # N07111

Please wave the Reinstatement fee of \$175.00. We never received the 2001 annual report form.

I am enclosing the Reinstatement form with a check for \$245.00 for the years 2001, 2002, 2003, and 2004, as per our phone conversation.

Sincerely yours,

Guillermo Diaz De La Barcena
President