

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17808**

1. Corporation Name

**MOTHERS, SISTERS, WIVES AND DAUGHTERS OF BAY OF
PIG'S VETERANS, BRIGADE 2506 INC.**

Principal Place of Business

Mailing Address

**2470 N.W. 14 ST.
MIAMI FL 33125-2106**

**2470 N.W. 14 ST.
MIAMI FL 33125-2106**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1986

5. FEI Number

59-2779372

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VPD	FERNANDEZ, MAGALI E.	2470 N.W. 14 ST.	MIAMI FL 33125
PD	CRUZ, ESTERVINA	3526 S.W. 11 ST.	MIAMI FL 33148
VTD	REYES DE DIAZ, DELIA	5550 W FLAGLER ST., AP. 101	MIAMI FL
VSD	BOSCH, DULCE A.	2470 N.W. 14 ST.	MIAMI FL 33125
SD	FERNANDEZ, MIRTA	2470 N.W. 14 ST.	MIAMI FL 33125
TD	FERNANDEZ, MARTA	2014 SW 17 TERR	MIAMI FL 33145

8. Name and Address of Current Registered Agent

**FERNANDEZ, MAGALI E.
2470 N.W. 14 ST.
MIAMI FL 33125-2106**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-04-01

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/01

(305) 477-5708

FILED

01 OCT 15 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

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CR2E040 (8/01)