PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 JUL 22 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22490**

1. Corporation Name

FEDERACION SINDICAL DE LAS PLANTAS ELECTRICAS, GAS Y AGUA, INC.

Principal Place of Business	Mailing Address
74 NW 22 AVE MIAMI FL 33125 US	AS Y AGUA. INC P O BOX 451132 MIAMI FL 33245 US

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

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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: 09/15/1987

5. FEI Number: 65-0010155 ☐ Applied For ☐ Not Applicable

6. 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)

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-07/29/97--01134--009
*****306.25 *****306.25

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
PD	HERRERO, EMILIO G	8841 W FLAGLER 207	MIAMI FL
TD	SAN MIGUEZ, LUIS		
SD	RIVAS, JOSE		
PD	RENE L. DIAZ	350 TAMIAMI BLVD.	MIAMI FLA 33144
TD	MARIO A. JIMENEZ	9455 SW. 6 TERRACE	MIAMI FLA 33174
VP	CALIXTO CAMPOS	205 TAMIAMI CANAL ROAD	MIAMI FLA 33144

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☑ Change ☐ Addition

1.1 TITLE: S
1.2 NAME: SECRETARY GEORGINA CHIRINO
1.3 STREET ADDRESS: 14947 SW 89 ST
1.4 CITY-ST-ZIP: MIAMI FLA 33196

CR2E037 (12/96)

8. Name and Address of Current Registered Agent

HERRERO, EMILIO G
8841 W FLAGLER
207
MIAMI FL 33174

9. Name and Address of New Registered Agent

Name: RENE L. DIAZ
Street Address (P.O. Box Number is Not Acceptable): 350 TAMIAMI Blvd.
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33144

CR2E040 (7/96)

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 _____ Date 7-16-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____ 7-16-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #