

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 22 PM 2:59

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N23642**

1. Corporation Name

**SPANISH INTERGROUP OF SOUTH  
FLORIDA, INC.**

2. Principal Office Address

**1770 WEST FLACKEN ST**

Suite, Apt. #, etc.

**4**

City & State

**MIAMI, FL**

Zip

**33135**

Country

**USA**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/25/87**

5. FEI Number

**65-0296138**

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

**CESAR SEVILLA**

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

**6331 SW 23 Rd. St.**

Suite, Apt. #, Etc.

City

**MIRAMAR**

State

**FL**

Zip Code

**33023**

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

Date

REGISTERED AGENT MUST SIGN

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
PD	CESAR SEVILLA	6331 SW 23 Rd. St.	MIRAMAR, FL 33135
SD	ORLANDO RAYO	1211 WILSON AV.	MIAMI FL 33166
TD	JOSE BEJARANO	631 N.E. 159 St.	NORTH MIAMI, FL 33162

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/03 305 642 2805**

Date

Daytime Phone #

CR2E081 (10/02)