

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -2 AM 11:35

DOCUMENT # *N 26156*

1. Corporation Name

ANG BISAYA OF FLORIDA, INC.

2. Principal Office Address - No P.O. Box #

547 TALLAHASSEE DR NE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 271662

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

CARROLLWOOD, FL

Zip

33702

Country

PINELLAS

Zip

33688

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/88

5. FEI Number

59-2874648

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

NILDA DE LA CRUZ

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

547 TALLAHASSEE DR NE

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33702

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Ngilaey

REGISTERED AGENT MUST SIGN

Date *4/28/08*

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
<i>P</i>	<i>SUSAN NAVARRO BILBAO</i>	<i>20832 CEDAR BLUFF PL</i>	<i>LAND O' LAKES, FL. 34538</i>
<i>V</i>	<i>DOLORES N. MOSQUERA, M.D</i>	<i>681 BAY LAUREL CT</i>	<i>ST. PETERSBURG, FL 33703</i>
<i>V</i>	<i>MARILYN NAVARRO</i>	<i>20818 LAKE TALIA BLVD</i>	<i>LAND O' LAKES, FL. 34</i>
<i>V</i>	<i>CAROL REYNES</i>	<i>940 LIVE OAK AVE NE</i>	<i>ST. PETERSBURG, FL 33703</i>
<i>S</i>	<i>FATIMA DOMBOR, M.D.</i>	<i>10519 CORY LAKES DR</i>	<i>TAMPA, FL. 33647</i>
<i>T</i>	<i>NILDA DE LA CRUZ</i>	<i>547 TALLAHASSEE DR NE</i>	<i>ST. PETERSBURG, FL. 33702</i>

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 contained in Chapter 119, 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: *NILDA DE LA CRUZ, TREAS.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08
Date

813-839-5337
Daytime Phone #