


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 27 PM 4:00

DOCUMENT # **N29041**

1. Corporation Name

**FARO DEL EMIGRANTE NO. 69, INC.**

Principal Place of Business

Mailing Address

7308 NW 34TH ST.  
MIAMI FL 33122  
US

7308 NW 34TH ST.  
MIAMI FL 33122  
US



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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0118564

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GONZALEZ, MARIO R.	55-90 8TH COURT	HIALEAH FL
D	ROMERO, JESUS	905 W 30 ST	HIALEAH FL
D	MACHADO, JOSE R.	971 E. 32ND. ST.	HIALEAH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, MARIO R  
5590 WEST 8TH COURT  
HIALEAH FL 33012

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

11/16/01

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:

 **MARIO R. GONZALEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/01 500-9219

CR2040 (8/01)

AMISTAD... AMOR... VERDAD...

RESP LOGIA

Direccion del S.P.

Hno. Daniel Colon-S.P.P.T. "FARO DEL EMIGRANTE"

4511 N.W. 170th. St.

Miami, Florida 33055

Tel: 305-628-1851

G. O. U. de OF en A.

HIALEAH, FLORIDA

(Primera de habla Hispana en el Estado del Sol)

Tenida Regular

1ro y 3ro Viernes del Mes

Hora: 8:00 P.M.

555 East 25th. St.

Hialeah, Florida 33013

Tel: 305-836-1240

November 21, 2001.

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314.

Re:N29041-Att:Ms. Eula

To Whom it may concern:

As per conversation on 11/19/01 with Ms. Eula, we explain that since we change our adress, we did not recived the renovation papers of our Corporation. As you know we are never late with our renovation papers. Please acceptep our check for the Year 2001, enclosed find here.

See the new change of adress for reciving our mail make note of this. Hope this will clear this matter since we never recived the renovation forms.

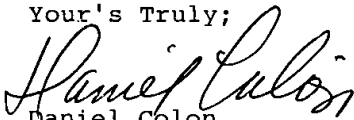
Thank You for all you can do for us in this matter. Send us a Certificate of Status.

\$61.25-Renovation

8.75-Copy Certificate of Status

\$70.00-Total

Your's Truly;

  
Daniel Colon  
Secretary