

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

AND  
FILED

00 FEB 11 PM 1:57

**DOCUMENT #** N29617

1. Corporation Name

MARTI ARTISTIC REPERTORY THEATER, INC.,  
a Non-profit corporation

Principal Place of Business

Mailing Address

420 SW 8th Avenue  
Miami, FL 33130

420 SW 8th Avenue  
Miami, FL 33130

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

12/08/1988

5. FEI Number

65-0094545

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CAPOTE, Alberto E.	420 SW 8th Avenue 420 SW 8th Avenue	Miami, FL 33130
D	MARQUEZ, Jose M.	782 NW Lejeune Rd. # 548	Miami, FL 33126
D	NUÑEZ, Celia M.	782 NW LeJeune Rd. # 548	Miami, FL 33126
DPS	MORERA, Onix	420 SW 8th Avenue	Miami, FL 33130
D	SABINES, Luis	420 SW 8th Avenue	Miami, FL 33130
D	CAPOTE, Alberto	420 SW 8th Avenue	Miami, FL 33130

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAPOTE, Alberto E.  
420 SW 8th Avenue  
Miami, FL 33130

Name

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

Suite, Apt. #, Etc.

City

Miami

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

*Alberto E. Capote*

Alberto E. Capote

Date 02/07/2000

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

*Alberto E. Capote*

Alberto E. Capote

02/07/2000 (305) 545-7866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)