

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 AUG 13 AM 9:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N30819**
 1. Corporation Name
PUERTO RICO NATIONAL BAR ASSOCIATION, INC.

Principal Place of Business Mailing Address
DAVID + TORRES
911 N. MAIN ST.
SUITE 5
KISSIMMEE, FL. 34744

REINSTATEMENT 96-97
AD

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **2/22/89**

5. FEI Number **65-0121033**
 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
PD	TORRES, ALFRED	911 N. MAIN ST	KISS, FL 34744
VD	MARZULO, RONALD	600 N. THACKER AVE D-39	KISS FL 34744
TD	DAVILA, LOUIS	911 N. MAIN ST	KISS FL 34744
SD	QUINONES, JUAN PABLO		
D	NORDA, DAVID	561 N.E. 79 ST.	MIAMI, FL
D	NOYA, JULIO	8150 S. W. 82 ST	MIAMI, FL

8. Name and Address of Current Registered Agent
MARZULO RONALD
111 2 AVE, N.E.
SUITE 905
ST PETERSBURG, FL 33701

9. Name and Address of New Registered Agent
 Name **ALFRED TORRES**
 Street Address (P.O. Box Number is Not Acceptable)
911 N. MAIN ST
 Suite, Apt. #, Etc.
KISS FL 34744
 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 *[Signature]* Date **7/29/97**
 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

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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]* Date **7/29/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (12/96)