

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  
DAVIDA + 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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/22/89	
City & State		City & State		5. FEI Number	
Zip		Country		65-0121033	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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

9. Name and Address of New Registered Agent

MARZULO, RONALD 111 2 AVE, N.E. SUITE 905 ST PETERSBURG, FL 33701		Name ALFRED TORRES Street Address (P.O. Box Number is Not Acceptable) 911 N. MAIN ST Suite, Apt. #, Etc. KISS FL 34744 City Kiss FL 34744 State FL Zip Code	
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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 7/29/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)