

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N35935

1. Entity Name
PUERTO RICANS IN FLORIDA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -2 AM 9:52

Principal Place of Business
**1695 FLORIDA MANGO RD
3
WEST PALM BEACH, FL 33406 US**

Mailing Address
**1695 FLORIDA MANGO RD
3
WEST PALM BEACH, FL 33406 US**

2. Principal Place of Business
4653 SPRUCE LANE

3. Mailing Address
4653 SPRUCE LANE

Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS, FL.

City & State
PALM BEACH GARDENS, FL.

Zip
33418

Country
U.S.A.

Zip
33418

Country
U.S.A.

10272004 REIN-NP CR2E099 (6/04)

4. FEI Number
59-2960881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TIRADO, NANCY
4653 SPRUCE LANE
PALM BEACH GARDENS, FL 33418**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TIRADO, NANCY**
STREET ADDRESS **4653 SPRUCE LN**
CITY-ST-ZIP **WEST PALM BEACH, FL 33418**

TITLE **D** ☐ Delete
NAME **DIAZ, CARMEN**
STREET ADDRESS **920 ALTAVISTA TERR.**
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE **D** ☐ Delete
NAME **LEDESMA, IRIS**
STREET ADDRESS **1315 SASEAPRAE AVE.**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **D** ☐ Delete
NAME **VIERA, DENNIS**
STREET ADDRESS **15011 REDCLIFF DRIVE**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE **D** ☐ Delete
NAME **COLL, DANNY**
STREET ADDRESS **8042 CROSS POINT DR**
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **800042409688**
CITY-ST-ZIP **11/02/04--01046--003 **\$61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/04
Date

(56) 627-3279
Daytime Phone #