

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV -4 AM 10:35

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35935

1. Corporation Name

Puerto Ricans in Florida

2. Principal Office Address - No P.O. Box #

8316 Hanley Rd

Suite, Apt. #, etc.

Suite 5

City & State

Tampa

Zip

33634

Country

Hillsborough

3. Mailing Office Address

8316 Hanley Rd

Suite, Apt. #, etc.

Suite 5

City & State

Tampa

Zip

33634

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2960881

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Francisco Garcia de Quevedo, CPA

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

8316 Hanley Rd

Suite, Apt. #, Etc.

Suite 5

City

Tampa

State

FL

Zip Code

33634

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Francisco Garcia de Quevedo

Date

10/09/2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ralph Ovalle	13088 110th Ave. North	Largo, FL 33774
D	Gladys Montilla	PO Box 54096	Jacksonville, FL 32245
D	Nancy Tirado	4653 Spruce LN	West Palm Beach, FL 33418
D	Luis T Martell	4694 Sussex Ter	Orlando, FL 32811
D	Keith Harrel	4470 NW 102 Ct	Doral, FL 33178

10. 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 contained in Chapter 119, 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:

F. K. Harrel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/08

Date

305-803-4094
305-436-9123

Daytime Phone #

11/9/08