

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 AUG 18 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N 39167*

1. Corporation Name

Hispanic Law Enforcement of Miami Beach, Inc.

Principal Place of Business

Mailing Address

1100 Washington Ave.  
Miami Beach, FL 33139

1602 Alton Road  
Suite 539  
Miami Beach, FL 33139

REINSTATEMENT *95-97*

*A. Alan*

*8/18/97*

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

*7/13/90*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650210756

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	George Navarro	1602 Alton Road, Suite 539	Miami Beach, FL 33139
VP/D	Carlos Noriega	1602 Alton Road, Suite 539	Miami Beach, FL 33139
T/D	Mario Martinez	1602 Alton Road, Suite 539	Miami Beach, FL 33139
CS/D	Jose Quintana	1602 Alton Road, Suite 539	Miami Beach, FL 33139
RS/D	Roberto Hernandez	1602 Alton Road, Suite 539	Miami Beach, FL 33139
D	Edgardo Avila	1602 Alton Road, Suite 539	Miami Beach, FL 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Antonio Dominguez  
1379 Marseille Drive  
Miami Beach, FL 33141

Name

George Navarro

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

1100 Washington Avenue

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

*A. Alan*

REGISTERED AGENT MUST SIGN

Date

*8/14/97*

600002272236-1

08/20/97-01062-004

\*\*\*\*\*358.75 \*\*\*\*\*358.75  
(on intangible tax.)

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 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:

*A. Alan*

George Navarro/President

8/14/97

305-673-7000, ext5371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/96)