

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 DEC -9 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41541

1. Corporation Name

LATIN QUARTER ASSOCIATION, CORP.

Principal Place of Business

1756 SW 8TH ST
#201
MIAMI FL 33135
US

Mailing Address

1532 SW 8TH STREET
1532 S.W. 8TH STREET
MIAMI FL 33135
US

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

01/07/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

5. FEI Number

65-0347507

Applied For

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

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
C	APARICIO, ELOY	1171 SW 8TH ST	MIAMI FL
V	VARELA, ANTONIO ENRIQUE BENITEZ	1270 SW 8TH ST 300 SW 12TH AVE.	MIAMI FL
S	RYAS, ANDRES EX ELIO PEREZ	100 SW 29TH AVE 1170 W. 29TH STREET	MIAMI FL
T	DOZ, CESSA AIDALINA VASALLO	1097 NW 22ND PLACE 3120 W 8TH AVE.	MIAMI FL HIALEAH, FL.
D	VARELA, ARACELIS JOSE FERNANDEZ	1516 SW 8TH ST 300 SW 12TH AVE.	MIAMI FL
D	MORALES, JIMMY ESO.	201 S BISCAYNE BLVD, STE 3200	MIAMI FL

8. Name and Address of Current Registered Agent

COSTA, MONICA
1532 SW 8TH ST
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name
ELOY APARICIO
Street Address (P.O. Box Number is Not Acceptable)
1171 SW 8TH STREET
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33130

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

Eloy Aparicio
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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:

Eloy Aparicio
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E040 (8/97)