

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 95-98  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 APR 20 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N43108

1. Corporation Name

HISPANIC HERITAGE CELEBRATION

Principal Place of Business

Mailing Address

POST OFFICE BOX 2393  
IMMOKALEE, FL.  
34143

If above addresses are incorrect in any way, file through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

same

3. New Mailing Office Address, If Applicable

same

4. Date Incorporated or Qualified  
To Do Business in Florida

4-24-1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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	JOE LOZANO	403 N. 15 <sup>th</sup> STREET I	IMMOKALEE, FL. 34142
V	ANNIE PAPPALARDO	310 ALACHUA ST.	" " "
T	DIGNA BARROSO	1703 7 <sup>th</sup> AVE	" " "
S	TOM SIEMIANOWSKI	614 S. 5 <sup>th</sup> ST.	100002498591-7 -04/23/98 -01123--009 ****428.75 ****428.75

REINSTATEMENT

95-98 G. Alan  
4/20/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOE LOZANO  
403 N. 15<sup>th</sup> ST.  
IMMOKALEE, FL. 34142

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Joe Lozano

REGISTERED AGENT MUST SIGN

Date 4-14-98

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:

Tom Siemianowski - Secretary

4/14/98

941 6572351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #