

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 AUG -9 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N43993**

**1. Corporation Name**

Local Lodge 368, IAMAW, Building Corporation

691 Sheridan Drive <sup>DA</sup>  
691 Sheridan Drive <sup>DA</sup>

**2. Principal Office Address**  
691 Sheridan Drive

**3. Mailing Office Address**  
691 Sheridan Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Springs, Florida

City & State

Miami Springs, Florida

Zip  
33166-7320

Country  
Dade

Zip  
33166-7320

Country  
Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/17/1991

**5. FEI Number**  
65-0267282

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

08/13/04--01004--005 \*\*18.00

AL 8/13

**7. Name and Address of Current Registered Agent**

Name  
Osvaldo Alvarez

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

Suite, Apt. #, Etc.

City  
Miami Springs,

300040022568  
08/10/04--01014--010 \*\*279.50

300040022568

State  
FL Zip Code  
33166-7320

**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

*Osvaldo Alvarez*

REGISTERED AGENT MUST SIGN

Date 8/5/04

**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
PD	Morrow, Donald	10701 NW 14 Street # 260	Plantation, FL 33322
STD	Alvarez, Osvaldo	50 NW 85 Court	Miami, FL 33126
VPD	Robinette, David	8306 Mills Drive, #368	Miami FL 33183

**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 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:**

*Osvaldo Alvarez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Osvaldo Alvarez STD

8/5/04 786 2954115

Date Daytime Phone #

CR2001 (01/04)