PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR -4 AM 9:25

DOCUMENT # N44517

REINSTATEMENT 00-02

1. Corporation Name

FESTIVAL RITMO DEL CARIBE, INC.

2. Principal Office Address		**3.** Mailing Office Address	
3104 W. OSBORNE AVE.		3104 W. OSBORNE AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TAMPA, FLORIDA		TAMPA, FLORIDA	
Zip	Country	Zip	Country
33614		33614	

4. Date Incorporated or Qualified To Do Business in Florida 07/31/1991

5. FEI Number 593151227 — 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: EMANUELLI, CARMEN A.

Street Address (P.O. Box Number is Not Acceptable): 3104 W. OSBORNE AVE.

Suite, Apt. #, Etc.:

City: TAMPA | State: FL | Zip Code: 33614

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-03/08/02--01076--021
****367.50 ****367.50

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: Carmen Emanuelli — Date: 2-28-02
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
P	EMANUELLI, CARMEN A.	3104 W. OSBORNE AVE.	TAMPA, FL 33614

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: Carmen Emanuelli Pres. — 2-28-02 — 813-877-8203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pg 2 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Attachment For Directors only

DOCUMENT #

1. Corporation Name

FESTIVAL RITMO DEL CARIBE, INC.

2. Principal Office Address		3. Mailing Office Address	
3104 W. OSBORNE AVE.		3104 W. OSBORNE AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA, FL		City & State: TAMPA, FL	
Zip: 33614	Country:	Zip: 33614	Country:

4. Date Incorporated or Qualified To Do Business in Florida: 07/31/1991

5. FEI Number: 59151227 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Name and Address of Current Registered Agent

Name: EMANUELLI, CARMEN A.

Street Address (P.O. Box Number is Not Acceptable): 3104 W. OSBORNE AVE.

Suite, Apt. #, Etc.:

City: TAMPA — State: FL — Zip Code: 33614

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: Carmen A. Emanuelli — Date: 2-28-02

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	EMANUELLI, CARMEN A.	3104 W. OSBORNE AVE.	TAMPA, FL 33614
D	ALVARADO, JESSEL	3104 W. OSBORNE AVE.	TAMPA, FL 33614
D	ALVARADO, PEDRO	3104 W. OSBORNE AVE.	TAMPA, FL 33614

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: Carmen A. Emanuelli Director — Date: 2-28-02 — Daytime Phone #: (813) 877-8203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR