

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 AUG -1 PM 1:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *N48868*

1. Corporation Name *Desfile Puertorriqueño De La Florida Central*

Principal Place of Business *P.O. Box 5372*
 Mailing Address *Winter Park Fl. 32793*

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

REINSTATEMENT *aw*
93-97

2. New Principal Office Address, if Applicable <i>PO Box 5372</i>	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida <i>11/4/91</i>
Suite, Apt. #, etc. <i>Winter Park Fl.</i>	Suite, Apt. #, etc.	5. FEI Number <i>59-3095539</i>
City & State <i>Florida</i>	City & State	Applied For Not Applicable
Zip <i>32793</i>	Country <i>Fl.</i>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <i>\$6.75 Additional Fee required for a Certificate of Status</i>

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
	<i>MILDRED ZAPATA</i>	<i>510 Polaris Loop #100</i>	<i>Casselberry Fl. 32707</i>
	<i>JUAN C. DIAZ</i>	<i>10 CORNWALL COURT</i>	<i>Casselberry Fl 32707</i>
	<i>MARGARITA RODRIGUEZ</i>	<i>3426 PIRGUE CIR</i>	<i>ORLANDO Fl. 32817</i>

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 ****490.00 ****490.00

8. Name and Address of Current Registered Agent <i>MILDRED J. ZAPATA</i> <i>510 POLARIS LOOP #100</i> <i>CASSELLBERRY Fl. 32707</i>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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 *Mildred Zapata* Date *7/11/97*
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Mildred Zapata* *7/14/97 (407) 331-5335*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)