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
96 NOV -1 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46099

1. Corporation Name

HISPANIC AMERICAN UNITED METHODIST CHURCH OF HIALEAH, INC.

600002000176--8
-11/08/96--01031--019
****297.50 ****297.50

Principal Place of Business / Mailing Address

1098 EAST 1rt. AVENUE
HIALEAH, FLORIDA, 33010

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
ROBERTO ALVAREZ
Suite, Apt. #, etc.
321 EAST 61th. STREET
City & State
HIALEAH, FLORIDA
Zip 33013 Country USA

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
11-26-1991

5. FEI Number
65-0291437
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P/D.	ROBERTO ALVAREZ	321 EAST 61th. STREET	HIALEAH, FLORIDA, 33013
S/D.	MARIA Y FERNANDEZ	6560 WEST 13th. AVENUE	HIALEAH, FLORIDA, 33012
T/D.	ALBERTO M REYES	9949 N.W. 27th. TERRACE	MIAMI, FLORIDA, 33172

REINSTATEMENT 95-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: M. BARBARA AMARO, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 2000 SO. DIXIE HWY.
Suite, Apt. #, Etc.: SUITE 102
City: MIAMI State: FL Zip Code: 33133

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 M. Barbara Amaro Date 9-25-96
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Roberto Alvarez ROBERTO ALVAREZ 9-25-96 (305)821-6033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)