

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -8 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49150**

1. Corporation Name

**BATAAN CORREGIDOR MEMORIAL
FOUNDATION, INC.**

2. Principal Office Address - No P.O. Box #

1830 KINGS HWY

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34744

Country

USA

3. Mailing Office Address

1830 KINGS HWY

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34744

Country

USA

11/17/08 01069 013 306-25

000149168290

04/08/09--01003--043 **61.25

REINSTATEMENT 07-09

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

5. FEI Number

59-3128025

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

MARIA L. GONZALES-HOYES

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

2011 HOUNDS LAKE CT

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Maria L. Gonzales-Hoyes

Date

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
CHAIR	PEDRO GONZALES, M.D.	1830 KINGS HWY, KISSIMMEE	FL 34744
SEC.	MINNIE REAL	65 Silver Falls Circle, Kissimmee	FL 34743
TREAS.	ERLINDA DECHAVEZ	148 BURRELL CIR.	KISSIMMEE, FL 34741
VICECHAIR	LITA MARTIN	1719 Crocker Ave.	Orlando, FL 32806
DIR	MENARDO DEMESA	428 BALL CT.	KISSIMMEE, FL 34759
DIR	ZENAIDA DEMESA	428 BALL CT.	KISSIMMEE, FL 34759

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 contained in Chapter 119, 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:

Pedro Gonzales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9aw