

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 2:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N49150**

1. Corporation Name

BATAAN-CORREGIDOR MEMORIAL FOUNDATION, INC.
(Non-Profit Corporation)

Principal Place of Business

Mailing Address

C/O PEDRO GONZALES, MD
461 WEST OAK ST., STE. D
KISSIMMEE FL 34741

C/O PEDRO GONZALES, MD
461 WEST OAK ST., STE. D
KISSIMMEE FL 34741

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



900024382099
11/03/03--01074--003 **61.25

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1992

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DE MESA, MENANORO M	428 BALL CT.	KISSIMMEE FL 34759
D	GONZALES, PEDRO	461 W. OAK ST., STE D	KISSIMMEE FL 34741
D	ASPIRAS, VICKY D	5541 BELLEWOOD ST	ORLANDO FL 32813
D	ASPIRAS, PAT	2767 LA ALAMEDA AVE	KISSIMMEE FL 34746
D	CRUZABA, JUN	4559 KARWICCA CREST PL	WINTER PARK FL 32792
D	DE MESA, ZENaida D	428 DILL CT	KISSIMMEE FL 34759
D	NIEVES A TOBIAS-Treasurer	P O Box 421964	KISSIMMEE FL 34742-1964

8. Name and Address of Current Registered Agent

GONZALES-HOYES, MARIA L
1830 KINGS HIGHWAY
KISSIMMEE FL 34743

9. Name and Address of New 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**

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. or 617.0505, F.S.

Signature of
Registered Agent

Maria L. Gonzales Hoyes
REGISTERED AGENT MUST SIGN

Date

10/25/2003

11. 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:

Nieves A. Tobias
Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NIEVES A. TOBIAS

Date

Daytime Phone #

807-846-7814

10/25/03

CR2040 (7/03)

BATAAN-CORREGIDOR MEMORIAL FDN. INC
C/O PEDRO GONZALES, MD
461 West Oak St Ste D
Kissimmee Fl 34741

October 25, 2003

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee Fl 32314-6327

RE: Request for reinstatement Doc# N49150 FEI# 59-3128025

Gentlemen:

It has come to my attention that the notice(s)(prior)UBR were not received.

Enclosed is a completed application form for reinstatement and a check for the filing fee of \$ 61.25 for a not-for-profit corporation.

Your favorable action on this request will be very much appreciated.

Thank you.

Yours truly,



Nieves A Tobias
Treasurer/ Director

Enclosure: Check for \$ 61.25