

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 930000001192

1. Corporation Name

PUERTO RICAN CULTURAL PARADE OF TAMPA, INC.

Principal Place of Business

Mailing Address

**5108 Gateway Dr.
Tampa, FL 33615**

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

2. New Principal Office Address, If Applicable

Gloria E. Rivera

3. New Mailing Office Address, If Applicable

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Hillsborough

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/93

5. FEI Number

59-2905388

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)

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
Pres	Gloria E. Rivera	5108 Gateway Dr	Tampa, FL 33615
Vice-Pres	Sandra V. Acevedo	2106 Spinnigwheel Dr.	Lutz, FL 33549
Secre.	Wanda M. Santiago	2106 Spinningwheel Dr.	Lutz, FL 33549
Treas	Edward J. Flores	6514 Seafaire Dr.	Tampa, FL 33615
			800002252438--5
			-07/30/97--01052--016
			*****8.75 *****8.75

8. Name and Address of Current Registered Agent

Gloria E. Rivera
5108 Gateway Dr.
Tampa, FL 33615

9. Name

Name

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

Suite, Apt. #, Etc.

City

800002252438--5

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*******236.25 *****236.25**

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*******61.25 *****61.25**

FL

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

Gloria E. Rivera
REGISTERED AGENT MUST SIGN

Date

7/18/97

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: **Gloria E. Rivera**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/97 (813) 290-0081

Date

Daytime Phone #

CR2040 (12/96)