PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY -7 PM 5:09
TALLAHASSEE, FLORIDA

DOCUMENT # V93000001192

1. Corporation Name
Puerto Rican Cultural Parade of Tampa, Inc.

Principal Place of Business
5108 Gateway Dr.
Tampa, FL 33615

Mailing Address
same

100002882941--3
-05/21/99--01093--008
****297.50 ****297.50

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

2. New Principal Office Address, If Applicable
Sandra V. Acevedo
Suite, Apt. #, etc
1620 Spinningwheel Dr
City & State
Lutz
Zip
33549
County
Pasco Hillsborough

3. New Mailing Office Address, If Applicable
Same as above
Suite, Apt. #, etc
City & State
FL,
Zip
33615
County
Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida
March 3, 1993

5. FEI Number
592905388
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]
$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
(D) Pres.	Sandra V. Acevedo	1620 Spinningwheel Dr	Lutz, FL 33549
(D) Vice. Pres.	Steve Santiago	5108 Gateway Dr.	Tampa, FL 33615
(T) Tres. Eng.	Edward J. Flores	6514 Seafair Dr.	Tampa, FL 33615
(D) Sec.	Wanda Santiago	1620 Spinningwheel Dr	Lutz, FL 33549
(D) Chairman	Gloria G. Rivera	5108 Gateway Dr.	Tampa, FL 33615

REINSTATEMENT 98-99 D 5/13/99

8. Name and Address of Current Registered Agent
Sandra V. Acevedo
1620 Spinningwheel Dr
Lutz, FL 33549

9. Name and Address of New Registered Agent
Name
Sandra V. Acevedo
Street Address (P.O. Box Number is Not Acceptable)
1620 Spinningwheel Dr
Suite, Apt. #, Etc
Lutz
City
Lutz
State FL
Zip Code 33549

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
REGISTERED AGENT MUST SIGN
Date 3/6/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.
Yes [X] n/a No [X]
(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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/6/99
Daytime Phone # (813) 886-7465

CR2E081 (12-98)