

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Catherine Harris

Secretary of State

VISION OF CORPORATIONS

00 JUN 26 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA300001192

1. Corporation Name

PUERTO RICAN CULTURAL PARADE OF TAMPA, INC.

600003328056--5

-07/19/00--01070--012

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

Sandra V. Acevedo, Pres.

3. Mailing Office Address

Sandra V. Acevedo, Pres.

6514 Seafair Dr, Tampa, FL

1620 Spinning Wheel Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida 33615

Zip

Country

Hillsborough

Zip

Country

Pasco

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. Name and Address of Current Registered Agent

Name

(D) SANDRA V. ACEVEDO, PRES.

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

1620 SPININGWHEEL DR.

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33549

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

(T) Ivette Da Roza

REGISTERED AGENT MUST SIGN

Date 6/5/00

6514 Seafair Dr, Tampa, FL 33614

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
Pres.	Sandra V. Acevedo	1620 Spiningwheel Dr.	Lutz, FL 33549
Sec.	Wanda M. Santiago	1620 Spiningwkheel Dr.	Lutz, FL 33549
es.	Edward J. Flores	6514 Seafair Dr.	Tampa, FL 33614
ounded Pres.	Gloria E. Rivera	5108 Gateway Dr.	Tampa, FL 33615

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 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

Sandra V. Acevedo, President

6/4/00

(813)-949-2048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)