

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

97 JAN -8 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001685

1. Corporation Name

Guatemalan Maya Quetzal
organization, Inc.

Principal Place of Business

Mailing Address

531 31st Street
WPA, FL 33407

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0433524

Not Applicable

Zip

Country

Zip

Country

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
P/D	CARLOS CISNEROS	531 31 st Street	WPA, FL - 33407
VP/D	DANIEL CRUZ	5147 Grant Line	WPA, FL 33405
S/D	ERVING AREVALO	452 Shawnee Pk	Panama, FL 33462
T/D	Ramiro Rivera	601 33 rd St #4	WPA, FL 33407

REINSTATEMENT

8. Name and Address of Current Registered Agent

CARLOS CISNEROS

9. Name and Address of New Registered Agent

Name

CARLOS CISNEROS

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

531 31st Street

Suite, Apt. #, Etc.

WPA

City

State

FL

Zip Code

33407

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

(X)

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/30/94

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒

No ☐

000002056540-4

(See other side for information)

358.75358.75

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] - President

Date

12/30/96

Daytime Phone #

CR2E040 (12/95)