

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAR 28 AM 11:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005654**

1. Corporation Name
PARAGUAYAN-AMERICAN CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
6972 N.W. 51ST STREET MIAMI FL 33166 US	P.O. BOX 52-6742 MIAMI FL 33152 US

REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable 8311 N.W. 66th Street Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 11/16/1994
City & State Miami, Florida	City & State	5. FEI Number 65-0542598
Zip 33166	Country USA	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	VALLEJO, CARLOS	80 SW 8TH STREET STE. 2190	MIAMI FL 33130
PD	MENCHACA, CESAR	6972 N.W. 51ST STREET	MIAMI FL 33166
T	CASTILLO, INES	6972 N.W. 51ST STREET	MIAMI FL 33166
S	LOWENTHAL, EVELINA	6972 N.W. 51ST STREET	MIAMI FL 33166
VD	ALEJANDRO, CHIRIFE	80 SW 8TH ST. SUITE 2190	MIAMI FL 33130

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8. Name and Address of Current Registered Agent
O'NAGHTEN, JUAN T
 2665 SO. BAYSHORE DRIVE
 STE. 1100
 MIAMI FL 33131

9. Name and Address of Current Registered Agent
 Name
Cesar A. Menchaca
 Street Address (P.O. Box Number is Not Acceptable)
310 N.W. 198th Avenue
 Suite, Apt. #, Etc.
 City
Pembroke Pines State **FL** Zip Code **33029**

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 **SIGNATURE REQUIRED** Date **03/02/2000**
 REGISTERED AGENT MUST SIGN

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: **SIGNATURE REQUIRED MENCHACA** Date **03/02/2000** Daytime Phone # **(305) 477-1740**

CR2E040 (8/99)