

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 95000002219

1. Corporation Name

Ballet Folklorico Istmeño - Recuerdos de mi
Panama, Inc.

2. Principal Office Address

13109 Odyssey lake way
Suite, Apt. #, etc.

3. Mailing Office Address

13109 Odyssey lake way
Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32826

Country

Zip

32826

Country

REINSTATEMENT 03-05
CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/09/1995

5. FEI Number

59-3305943

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

Rafael Armien

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

8112 Strada Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32822

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

[Signature]

Date

11/22/05

REGISTERED AGENT MUST SIGN

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
P/D	Armien, Rafael	8112 Strada Dr.	Orlando, FL 32822
V/D	Armien, Sully C.	8113 Strada Dr.	Orlando, FL 32822
T	Alvarado, Yarineth	13109 Odyssey lake way	Orlando, FL 32826

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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-22-05 (407) 823-0509

Daytime Phone #