

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -6 PM 2:16

DOCUMENT # **N 95000003452 (8)**

1. Corporation Name

**DOMINICAN REVOLUTIONARY PARTY
SECTIONAL OF FLORIDA, INC.**

W01-8529

2. Principal Office Address

2918 N.W. 96 ST.

3. Mailing Office Address

2918 N.W. 96 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33147

Country

Zip

33147

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2119440

SP
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-01

7. Name and Address of Current Registered Agent

Name

William G. LANTIGUA

900004478109-5

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

2918 N.W. 96 ST.

-07/17/01--01001--014

******420.00 ****420.00**

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

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

William G. Lantigua
REGISTERED AGENT MUST SIGN

Date

3/26/01

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
PD	MONTAS, JOSE M	103 MADRID ST	R. PALM BEACH, FL 33411
VD	FELIPE A. RODRIGUEZ	17934 S.W. 29 CT	MIRAMAR, FL 33029
SD	ISIDRO MADE	3023 N.W. 28 ST.	MIAMI, FL 33142
TD	William G. LANTIGUA	2918 N.W. 96 ST.	MIAMI, FL 33147

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/01

Daytime Phone #

305-638-8377