

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1998 MAR 13 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004088

1. Corporation Name

FESTIVAL DE LA HERENCIA Y CULTURA  
PUERTO RIQUENA, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

5027 SPRING RUN AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5027 SPRING RUN AVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

August 22, 1995

5. FEI Number

59-3402663

Applied For

Not Applicable

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819-3334

Country

Zip

32819-3334

Country

6. 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	JORGE RUIZ-ROSALY	3900 Lake Mirage Blvd	Orlando, FL 32817
T/D	REINALDO LEDESMA	1315 SASSAFRAS AVE	ALTAMONTE SPRINGS, FL 32714
V/D	MAGIN LOPEZ	1166 Mapimi Court	Winter Springs, FL 32788
P/D	GLADYS CASTELEIRO	5027 Spring Run Ave	Orlando, Florida 32819
S/D	DONNA BISIGNANO	1085 S. Hiawasse Rd. Apt 522	Orlando, FL 32835
V/D	Nelly Santos	2731 Woodruff Dr. Orlando, FL 32837	Orlando, FL 32837

8. Name and Address of Current Registered Agent

Gladys Casteleiro  
5027 Spring Run Ave  
Orlando, FL 32819-3334

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800002459788

-03/17/98--01072--030

\*\*\*\*297

State

Zip Code

\*\*\*\*297.50

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

Gladys Casteleiro  
REGISTERED AGENT MUST SIGN

Date

2/4/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Donna Bisignano  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/97 (407) 423-4422

CR20040 (12/96)