

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 16 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001695

1. Corporation Name
ASOCIACION DE EX-CADETES DEL COLEGIO LEONCIO PRADO,
FLORIDA INC.
6555 NW 36 STREET
6555 NW 36 STREET

2. Principal Office Address
6555 NW 36 STREET

3. Mailing Office Address
6555 NW 36 STREET

Suite, Apt. #, etc.
116-B

Suite, Apt. #, etc.
116-B

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33166 USA

Zip Country
33166 USA

[Handwritten Signature]
REINSTATEMENT 2004

4. Date Incorporated or Qualified
To Do Business in Florida 04/12/1996

5. FEI Number
65-0667703

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RAFAEL DELGADO

Street Address (P.O. Box Number is Not Acceptable)
6555 NW 36 STREET

Suite, Apt. #, Etc.
116-B

City
MIAMI

State Zip Code
FL 33166

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 *Rafael Delgado*
REGISTERED AGENT MUST SIGN

Date 11/10/2004

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	MIGUEL HUAMAN	6555 NW 36 STREET # 116-B	MIAMI, FL 33166
VPD	RAFAEL DELGADO	6555 NW 36 STREET 3 116-B	MIAMI, FL 33166
SD	PEDRO FORTES	6555 NW 36 STREET 3 116-B	MIAMI, FL 33166
TD	BRANDO BARBARAN	6555 NW 36 STREET 3 116-B	MIAMI, FL 33166

000042766060
11/18/04--01017--001 **61.25

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: *Rafael Delgado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/2004 305-299-5615

Date Daytime Phone #

CR2E081 (01/04)

Miami, November 9, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: ASOCIACION DE EX-CADETES DEL COLEGIO MILITAR
LEONCIO PRADO, FLORIDA, INC.
Doc Number N96000001695

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

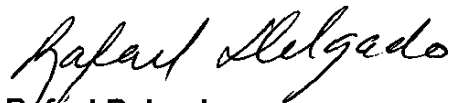
We are enclosing a check for \$61.25 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1996.

Your consideration will be greatly appreciated.

Sincerely,



Rafael Delgado
President
6555 NW 36 Street # 116-B
Miami, FL 33166

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