

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N96000003205

1. Corporation Name

ASOCIACION ARGENTINA DE LA BAHIA DE TAMPA, INC.

Principal Place of Business

POST OFFICE BOX 11137  
ST. PETERSBURG FL 33733

Mailing Address

POST OFFICE BOX 11137  
ST. PETERSBURG FL 33733

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/14/1996

5. FEI Number 59-3543143  
APPLIED FOR

Applied For

Not Applicable

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
PD	LAINO, OSVALDO	324 S HYDE PARK AVE. SUITE 275	TAMPA FL 33606
VPSD	BERNINI, OMAR GISELA BUSCO	7506 MAYFAIR COURT 4141 BAYSHORE BLVD	TAMPA FL 33611
VPCD	MOLNAR, NORMA RUBEN HILLAR	4013 38TH WAY SOUTH 1765 EL TRINIDAD DR. E.	ST. PETERSBURG FL CLEARWATER 33759
TD	CARVAJAL, LEONOR	1006 SANABEL COURT N.E.	ST. PETERSBURG FL 33702
S	LOMUGGI, KARINA DELA JOHNSTONE	2400 FEATHER SOUND DRIVE, #222 3566 FAIRWAY FOREST DR	CLEARWATER FL PACM HARBOR FL 34605
D	HECTOR E. MARTINEZ	2946 W. COLUMBUS DR.	TAMPA FL 33607

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAINO, J. OSVALDO  
324 S HYDE PARK AVE  
SUITE 275  
TAMPA FL 33606

400002756574--2  
-01/27/99--01072--003  
\*\*\*\*297.50 \*\*\*\*297.50

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98

Date

Daytime Phone #