

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -7 PM 2:30

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003340

1. Corporation Name

Portuguese-American Cultural Association, Inc.

[Handwritten signature]

REINSTATEMENT 03-06
CR2E081 (12/05)

2. Principal Office Address

11205 Arca Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port Richey, FL

Zip

Country

34668

Pasco

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

593388487

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

Diana M Andrade

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

8848 Waterman Ct

Suite, Apt. #, Etc.

City

N. Port Richey

State

FL

Zip Code

34654

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

Diana M Andrade

Date 3-2-06

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	Ocilio Reis	4416 Las Palmas Ave	Spring Hill, FL 34606
VP	Norberto Botelho	6920 Collingswood Ct	NPR, FL 34655
S	Diana M Andrade	8848 Waterman Ct	N.P.R., FL 34654
T	Antonio Alves	12512 Hollybrook Ln	Hudson, FL 34669

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 contained in Chapter 119, 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:

Diana M Andrade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2-2006

Date

(727)

849-0967

Daytime Phone #