

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -9 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005893

1. Corporation Name

NETWORK OF INTERNATIONAL, NON-GOVERNMENTAL CULTURAL ORGANIZATIONS, UNIVERSAL GREAT BROTHERHOOD, SI, CA, INC

2. Principal Office Address - No P.O. Box #
1525 BIRD RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State

Zip
33146

Country
USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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
GUILLERMO GALVEZ

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

1525 BIRD RD

Suite, Apt. #, Etc.

City
CORAL GABLES

State
FL

Zip Code
33146

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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**

Date 11/05/07

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	FANNY GONZALEZ	3135 NE 184 ST #2104	AVENTURA, FL 33160
V	SOCORRO ZABALA	1470 NE 123 ST # 102	NORTH MIAMI, FL 33161
S	INOCENCIO ROMERO	18601 NE 14 AV #105	NORTH MIAMI BEACH, FL 33179
T	SALVADOR DANIEL SAAL	3135 NE 184 ST #2104	AVENTURA, FL 33160
D	GUILLERMO GALVEZ	1525 BIRD RD	CORAL GABLES, FL 33146
D	ANTONIO CRUZ	8857 NW 114 ST	HIALEAH, FL 33018

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALVADOR D. SAAL (T)

Date

Daytime Phone #

700112178367
11/09/07--01046--025 **245.00

REINSTATEMENT 04-07
CR2E081 (1/07)

11/5/07 305-333-3536