PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 97-99

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

DOCUMENT # N96000006229

1. Corporation Name
Center for AIDS Education and Senior Empowerment, Inc. W99-2070

Principal Place of Business
1830 NW 7st.
Penthouse suite 2000
Miami Fl 33125

Mailing Address
SAME.

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

REINSTATEMENT 97-99 188 2/3/99

4. Date Incorporated or Qualified To Do Business in Florida
Dec 5- 1996.

5. FEI Number
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
Director President	Marta Ramirez P	1830 NW 7st. Penthouse Suite 2000 Miami Fl 33125	Miami Fl 33125
Director Vice Pres	Vicente Delgado. VP	1830 NW 7st. Penthouse suite 2000. Miami Fl 33125.	miami Fl 33125
Trustees	Ehridy Lopez OTR Lic	1830 NW 7st. Penthouse Suite 2000	Miami Fl 33125.
Trustees	DR. Rodeigo A. Avendaño	1830 NW 7st. Penthouse Suite 2000	miami Fl 33125

100002TESTA 4 - 91
02/09/99 01073 004
*****70.00 *****70.00

8. Name and Address of Current Registered Agent
Marta Ramirez
1830 NW 7st
Penthouse Suite 2000
Miami Fl 33125.

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City | State FL | Zip Code

100002TESTA 4 - 91
02/09/99 01073 002
*****297.50 *****297.50

CR2E046 (1-98)

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
REGISTERED AGENT MUST SIGN
Date 10/19/98

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
Marta Ramirez
Vicente Delgado.
Date 10/19/98 (305) 260 0056
Daytime Phone #