

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 6:24

SECRETARY OF STATE  
TALLAHASSEE, FLA

DOCUMENT # N97000000478

1. Corporation Name

CAMARA DE COMERCIO CANARIO-AMERICANA DE LA FLORIDA, INC.

Principal Place of Business

780 N.W. 42ND AVE.  
SUITE 300  
MIAMI FL 33126

Mailing Address

780 N.W. 42ND AVE.  
SUITE 300  
MIAMI FL 33126

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/29/1997

5. FEI Number

65-0851063

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CONCEPCION, JOSE A	780 N.W. 42ND AVE., SUITE 300	MIAMI FL 33126
TD	CABRERA, JOSE J JR.	780 N.W. 42ND AVE., SUITE 300	MIAMI FL 33126
SD	GONZALEZ, ANTONIO	780 N.W. 42ND AVE., SUITE 300	MIAMI FL 33126
D	RODRIGUEZ, GUILLERMO	780 N.W. 42ND AVE., SUITE 300	MIAMI FL 33126
D	MONTERO, CARLOS	780 N.W. 42ND AVE., SUITE 300	MIAMI FL 33126

8. Name and Address of Current Registered Agent

CONSUEGRA, LUIS A  
780 N.W. 42ND AVE.  
SUITE 300  
MIAMI FL 33126

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

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/5/02

11. 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.

Jose A. Concepcion, President

(305)

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/02 569-5476

CR2ED40 (8/02)

2012

**CAMARA DE COMERCIO CANARIO-AMERICANA  
DE LA FLORIDA, INC.**

**LUIS A. CONSUEGRA**  
*Attorney at Law*

780 NW 42nd Avenue  
Suite 300  
Miami, FL 33126  
Telephone: (305) 569-5453

November 4, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

Re: CAMARA DE COMERCIO CANARIO-AMERICANA  
DE LA FLORIDA, INC.

Gentlemen:

I am in receipt of the Application for Reinstatement for the above corporation. Please note that our offices never received the prior 2002 Uniform Business Report forms.

Pursuant to my telephone conversation with your representative, enclosed please find the Application, fully executed by Mr. Jose A. Concepcion and the undersigned, as President and Registered Agent, respectively, of the corporation. Also enclosed is our check in the amount of \$158.75, payable to the Department of State, in order to pay the 2002 filing fees and obtain a Certificate of Status.

Should you have any questions, or if I can be of further assistance, please do not hesitate to contact me.

Sincerely,



Luis A. Consuegra  
Registered Agent

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