

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 # N97000001907

1. Corporation Name

DADE-HIALEAH COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

1840 WEST 49TH STREET
HIALEAH FL 33012

1840 WEST 49TH STREET
HIALEAH FL 33012

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/1997

Suite, Apt. #, etc.

149 West Plaza Suite 238

Suite, Apt. #, etc.

149 West Plaza Suite 238

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

5. FEI Number

65-0795423

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
D	HERNANDEZ, DANIEL	5855 WEST 3RD LANE	HIALEAH FL 33012
D	MARANTE, ROLANDO	1883 S.W. 176TH WAY	PEMBROKE PINES FL 33029
D	MELIANS, DIEGO	13280 S.W. 98TH STREET	MIAMI FL 33186

8. Name and Address of Current Registered Agent

MARANTE, ROLANDO
1840 WEST 49TH STREET
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

DANIEL HERNANDEZ

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

1840-W-49ST Suite 410

Suite, Apt. #, Etc.

HIALEAH

City

HIALEAH

State

FL

Zip Code

33012

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-24-99

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-99

Date

305-
558 3551

Daytime Phone #



REINSTATEMENT

FILED
99 MAY 3 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2ED40 (9/98)