

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002481

1. Corporation Name

NICARAGUAN AMERICAN NURSES ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

1880 NW 183RD STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1880 NW 18RD STREET

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FLORIDA

City & State

MIAMI GARDENS, FLORIDA

Zip

33056

Country

USA

Zip

33056

Country

USA

7. Name and Address of Current Registered Agent

Name

NORMA SMITH

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

3300 NW 200TH ST

Suite, Apt. #, Etc.

City

MIAMI GARDENS

State

FL

Zip Code

33056

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

February 6, 2008

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/D	ARLENE BLOOMFIELD	1400 NW 193RD TERR	MIAMI GARDENS, FL. 33169
V/D	DANNETTE ROBINSON	4220 SW 40TH ST	HOLLYWOOD, FL. 33023
S/D	NORMA SMITH	3300 NW 200TH ST	MIAMI GARDENS, FL. 33056
T/D	DAPHNE ORDONEZ	1700 NW 175TH ST	MIAMI GARDENS, FL. 33056
AS/D	NORMA HODGSON	20351 NW 35TH AVE	MIAMI GARDENS, FL. 33056

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/13/2008

Daytime Phone #

FILED

08 FEB 19 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

200118358302

02/20/08--01004--003 **794.25

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1997

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.