APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

00 JAN 24 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002836

1. Corporation Name

PARTIDO DE LA LIBERACION DOMINICANA, INC.

600003111756--1
-01/26/00--01108--005
****358.75 ****358.75

Principal Place of Business	Mailing Address
2445 W FLAGLER STREET MIAMI FL 33145	

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
SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida — 19 MAY 1997

5. FEI Number — 65-0769732 — ☐ 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
P/D	H. DIONIS PEREZ	1001 SW 87th CT MIAMI FL 33174	MIAMI FL 33174
V/D	AMAURI RIOS	12209 SW 14th LANE,#1203 MIAMI FL 33184	MIAMI FL 33184
T/D	EDUARDO SANCHEZ	6485 W 24th AVENUE,#603 MIAMI FL 33016	MIAMI FL 33016
		REINSTATEMENT 98-89	

8. Name and Address of Current Registered Agent

MANUEL DOTEL
11120 N KENDALL DRIVE
MIAMI FL 33176-0941

9. Name and Address of New Registered Agent

Name: JOSEPH R. BREMER
Street Address (P.O. Box Number is Not Acceptable): 1614 SW 1st STREET
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33135

CR2E040 (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 _____ Date 1/5/00
REGISTERED AGENT MUST SIGN

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: _____ H. DIONIS PEREZ P/D 1/5/00 (305)642-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #