

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JAN 21 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003331

1. Corporation Name

WINNERS NET COMMUNITY ACTION PROGRAM, INC.

Principal Place of Business

3587 WEST FLAGLER STREET
MIAMI FL 33135

Mailing Address

3587 WEST FLAGLER STREET
MIAMI FL 33135



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

REINSTATEMENT 98-21

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/1997

5. FEI Number

65-0759510

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	MELENDEZ, ALBERTO	3587 WEST FLAGLER STREET	MIAMI FL 33135
SD	MELENDEZ, CARMEN	3587 WEST FLAGLER STREET	MIAMI FL 33135
TD	PASCUAL, EGMILDO	3587 WEST FLAGLER STREET	MIAMI FL 33135
VD	RODRIGUEZ, CARLOS	3587 WEST FLAGLER STREET	MIAMI FL 33135
VO	FRANK FERNANDEZ (See attached correction)		
TD	NORAH VANDENDES 9363 FONTAINE BLEAU BLVD, APT. H 105,		

8. Name and Address of Current Registered Agent

MELENDEZ, ALBERTO
3587 WEST FLAGLER STREET
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name 400002751724--8
Street Address (P.O. Box Number is Not Acceptable) 01/22/99 01087-001
Suite, Apt. #, Etc. ****245.00 ****245.00
City State Zip Code
FL

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

Alberto Melendez

REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/12/99

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:

Carmen Melendez CARMEN Melendez-1/12/99-541-2070 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #