PLEASE READ ALL INSTR[illegible] ORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DE[illegible] STATE
Sandra [illegible]
Secretary [illegible]
DIVISION OF CORPORATIONS

FILED
99 APR 19 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004241

1. Corporation Name
REFUGIO FAMILIAR INC.
2204 VAN BUREN STREET
Hollywood, FL. 33020
Principal Place of Business

Mailing Address
2631 JACKSON ST.
Hollywood, FL 33020

REINSTATEMENT

98-99 [illegible] 4/19/99

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

2. New Principal Office Address, If Applicable
2204 VAN BUREN ST.
Suite, Apt. #, etc.
City & State: Hollywood, FL
Zip: 33020 Country: BROWARD

3. New Mailing Office Address, If Applicable
2631 JACKSON ST
Suite, Apt. #, etc.
City & State: Hollywood, FL
Zip: 33020 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: July 28, 1997

5. FEI Number: 65-0774758 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES./D	MARIA J. DELGADO	2631 JACKSON ST D	Hollywood, FL 33020
V.P./D	XIOMARA LERMA	2247 WASHINGTON ST #2 D	Hollywood, FL 33020
SEC. TREA/D	PATRICIA DURA	2631 JACKSON ST D	Hollywood, FL, 33020

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8. Name and Address of Current Registered Agent
JASON A. OETTCH, PA
1250 E. HALLANDALE BEACH BLVD.
SUITE 909
HALLANDALE, FL 33009
954-454-8444

9. Name and Address of New Registered Agent
Name: JOSE, L. SANTOS NOTARY PUBLIC
Street Address (P.O. Box Number is Not Acceptable): 2716 POLK ST
Suite, Apt. #, Etc: 954-922-6350
City: Hollywood, State: FL Zip Code: 33020

CR2E042 (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: [signature] REGISTERED AGENT MUST SIGN
Date: 3/9/99

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: Maria J. Delgado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 Date
954-922-5629 Daytime Phone #