

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

98 NOV 17 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004609

1. Corporation Name

PUERTORIQUEÑOS AUSENTES ORGANIZATION OF CULTURE  
, EDUCATION, AND RECREATION, INC.

Principal Place of Business

Mailing Address

2158 COLONIAL BLVD  
FT. MYERS FL 33901

2158 COLONIAL BLVD  
FT. MYERS FL 33901

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

08/13/1997

5. FEI Number

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
PD	RODRIGUEZ, MIGUEL	2158 COLONIAL BLVD	FT. MYERS FL 33901
SD	FUENTES, NESTO	2158 COLONIAL BLVD	FT. MYERS FL 33901
TD	RIVERA, JULIO	2158 COLONIAL BLVD	FT. MYERS FL 33901

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\*\*\*236.25 \*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEROUEN, SHELLY A  
1953 COLONIAL BLVD.  
FT. MYERS FL 33907

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]*  
**NOTICE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/1/98

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)(f), 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]*  
**NOTICE REQUIRED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/98

Daytime Phone #

CR2ED40 (9/98)