


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000005629

1. Corporation Name

VETERANS OF AMERICA FOUNDATION

Principal Place of Business

Mailing Address

12263 SW 132ND COURT
Miami, FL. 33186 - 6412

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FE# Number	
City & State		City & State		65-0785519	
Zip		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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	MENENDEZ, MARTIN	12263 SW 132 ND COURT	Miami, FL. 33186
VD	ARISTONDO, JONAS	5789 SW 75 TERR.	Miami, FL. 33193
SD	MUSTELIER, Ileana	5789 SW 75 TERR.	Miami, FL. 33193
TD	JACOBO, ALEIDA I.	5789 SW 75 TERR.	Miami, FL. 33193

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Rita Jh. RAD		Name	
12263 SW 132 ND COURT		Street Address (P.O. Box Number is Not Acceptable)	
Miami, FL. 33186		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

Rita Jh. RAD

REGISTERED AGENT MUST SIGN

Date 8/10/99

11. This corporation owes 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:

MARTIN M. MENENDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/10/99 (305) 971-1068

CR2001 (12/98)