

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY -2 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006275

**1. Corporation Name**

PHILIPPINE AMERICAN FEDERATION OF SOUTH  
FLORIDA, INC.

**REINSTATEMENT** 02-03

**2. Principal Office Address**

659 NE 125th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33161

Country

USA

**3. Mailing Office Address**

659 NE 125th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33161

Country

USA

500017912715  
05/02/03--01104--013 \*\*297.50

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/06/1997

**5. FEI Number**

65 0793909

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOHN GAUDIOSI

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

3801 NORTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*John Gaudiosi*

REGISTERED AGENT MUST SIGN

Date

4/18/03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WINNET, NIDA	11761 SW 52 COURT	COOPER CITY, FL 33330
S	FORTE, NENA	12995 SW 188 STREET	MIAMI, FLORIDA 33177
D	HOBORT, GLENDA	4501 EAST COUNTRY CIRCLE	PLANTATION, FL 33317
D	GARAIN, RIC	290 NW 165 STREET	MIAMI, FL 33161
D	BRUCE, JOCELYN H.	7601 EAST TREASURE DR #2001	NORTH BAY VILLAGE, FL 33141
V.P.	BRUCE, JOCELYN H.	7601 EAST TREASURE DRIVE #2001	NORTH BAY VILLAGE, FL 33141

**10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

954 785-1300

Daytime Phone #

CR2E081 (10/02)

2756