

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 30 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 97000006431

1. Corporation Name

DENNIS MARTINEZ FOUNDATION, INC.

2. Principal Office Address

9400 SW 63RD CT.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33156

Country

DADE

3. Mailing Office Address

9400 SW 63RD CT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33156

Country

DADE

100039790681

08/02/04--01069--011 **297.50

REINSTATEMENT 0304

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

11/14/97

5. FEI Number

65-0871923

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CASTILLO B., ALVARO ESQ. C/O CASTILLO & ASSOCIATES

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

1390 BRICKELL AVENUE

Suite, Apt. #, Etc.

STE 200

City

MIAMI

State
FL

Zip Code

33131

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

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date X 7/28/04

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
DP	DENNIS MARTINEZ	9400 SW 63 RD CT.	MIAMI, FL. 33156
DV	LUZ MARTINEZ	9400 SW 63 RD CT.	MIAMI, FL. 33156
DT	ROBERTO ARGUELLO	1390 BRICKELL AV., STE 200	MIAMI, FL. 33131
DS	ALVARO CASTILLO	1390 BRICKELL AV., STE 200	MIAMI, FL. 33131
DAS	RON SHAPIRO	1390 BRICKELL AV., STE 200	MIAMI, FL. 33131
D	REV. FRANCISCO GARCIA	1390 BRICKELL AV., STE 200	MIAMI, FL. 33131

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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

7/28/04 305689508

Daytime Phone #

CR2E081 (01/04)