

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000599

1. Corporation Name

New Path Support Committee for the Dominican Rep.

2. Principal Office Address - No P.O. Box #

1419 W Waters Ave.

Suite, Apt. #, etc.

109

City & State

Tampa

Zip

33604

Country

usa

3. Mailing Office Address

1419 W Waters Ave.

Suite, Apt. #, etc.

109

City & State

Tampa

Zip

33604

Country

usa

CR2E081 (12/07)

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

1/26/98

5. FEI Number
593496375

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

Ernesto de Leon

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

3801 River Grove dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Ernesto de Leon
REGISTERED AGENT MUST SIGN

Date 1/16/08

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	Ernesto de Leon	3801 River Grove dr.	Tampa, Florida 33610
DS	Eddy Liriano	2540 Oakdale St.	St. Petersburg, Florida 33405
TD	Temy Concepcion	8218 N Florida #34	Tampa, Florida 33604
VP	Marina de Leon	703 E Caracas	Tampa, Florida 33603
D	Antonio Chireno	1001 E Curtis St	Tampa, Florida 33603

REINSTATEMENT

RLH 01-08

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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 contained in Chapter 119, 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:

Ernesto de Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

Date

(813) 376- 8702

Daytime Phone #