

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 27 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000870

1. Corporation Name

ASOCIACION DE MUJERES HISPANAS CONTRA LA DISCRIMINACION Y LA VIOLENCIA DE GENERO CORPORATION

Principal Place of Business

Mailing Address

265 SEVILLA AVENUE
CORAL GABLES FL 33134

265 SEVILLA AVENUE
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

16300 NE 19 Ave.

3. New Mailing Office Address, If Applicable

16300 NE 19 Ave.

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Suite 205

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1998

5. FEI Number

65-0820695

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	DE LUSINCHI, BLANCA IBAN EZ	16300 NE 19 Avenue Suite 205	North Miami Beach, FL 33162
VPSD	GARCIA, LORENA	16300 NE 19 Avenue, Suite 205	North Miami Beach, FL 33162
D	ZAMBRANO, GLORIA	16300 NE 19 Avenue Suite 205	North Miami Beach, FL 33162

8. Name and Address of Current Registered Agent

GARCIA, CARLOS ESQ.
265 SEVILLA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Gabriel Prats

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

2121 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 240

City

Coral Gables

State

FL

Zip Code

33134

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

3/24/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

Date

Daytime Phone #

(305) 949-5505

KE

CR2E040 (8/99)