

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001105

**1. Corporation Name**

Francisco Morazan Honduran Integrated Organization  
Inc.

**Cross Reference Name**

Organizacion HondurenaIntengrada Francisco Morazan  
Inc.

**2. Principal Office Address**

43 N.W. 27 Avenue

Suite, Apt. #, etc.

None

City & State

Miami Florida

Zip

33125

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

None

City & State

Miami Florida

Zip

33125

Country

USA.

**REINSTATEMENT** 02-04

700028058397  
02/02/04--01092--024 \*\*367.50

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

2-24-98

**5. FEI Number**

65-0827364

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

Francisco Portillo

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

43 N.W. 27 Avenue

Suite, Apt. #, Etc.

None

City

Miami

State

FL

Zip Code

33125

**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

REGISTERED AGENT MUST SIGN

Date 01-21-04

**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
P	Francisco Portillo	43 N.W., 27 Avenue	Miami Fl. 33125
V	Juan M. Zelaya	1332 S.W. 5th St. Apt. 6	Miami Fl. 33135
S	Cesar Pineda	43 N.W. 27 Avenue	Miami Fl. 33125
T	Luis E. Colindres	15925 S.W. 102 Place	Miami Fl. 33157

**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:**

Francisco Portillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-21-04 - 3056438240

Daytime Phone #

CR2E081 (10/02)