

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 22 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001727

1. Corporation Name

HUMAN RIGHTS EYE WATCH GROUP

2. Principal Office Address

**Residencial Charles De
Gaulle Calle J # 3**
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 591144
Suite, Apt. #, etc.

City & State

Santo Domingo

City & State

Miami, Florida

Zip

Country
**Dominican
Republic**

Zip

33159-1144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/98

5. FEI Number

81-0566197

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-03

7. Name and Address of Current Registered Agent

Name

ALFONSO E. ALVAREZ

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

2050 Coral Way

Suite, Apt. #, Etc.

Suite 515

City

Miami

State
FL

Zip Code
33145

1/17/03 010PY 004 306.25

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 **01/16/03**

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 |
|--------|--------------------------------------|---|------------------------------|
| D | Alfonso Alvarez | Residencial Charles De Gaulle Calle J # 3 | Sto. Domingo, Dominican Rep. |
| D | Maria I. Feliz Sanchez | Residencial Charles De Gaulle Calle J # 3 | Sto. Domingo, Dominican Rep. |
| D | Yolanda Alvarez-Russi | Residencial Charles De Gaulle Calle J # 3 | Sto. Domingo, Dominican Rep. |
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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 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

Alfonso Alvarez

03/16/03 (305) 305-8887

Date

Daytime Phone #

CR2E081 (10/02)

Human Rights Eye Watch Gp.

P.O. Box 591144 ✕ Miami, FL 33159 ✕ HumanRightsEyeW@aol.com



Miami, November 26, 2003

NUM. JUS 256-03

**Division of Corporation
Department of State of Florida
406 East Gaines St.
Tallahassee, Florida**

Dear Sir :

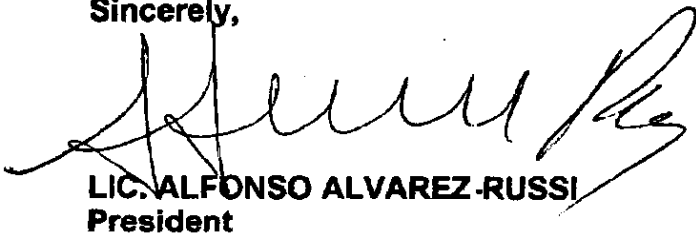
This international organization, defender of the human rights for the American Hemisphere, request you are granted a waiver in the fees for reinstate this organization in the State of the Florida like Corporation.

We incorporate our organization in March 25, 1998, but we could not operate until today's day in that we are already to operate as Corporation.

We didn't ~~had~~ received the forms to present reports in the years 1999, 2000, 2001, and 2003, because we were not operating as Corporation in this State.

We thank you for are granted the requested waiver.

Sincerely,



**LIC. ALFONSO ALVAREZ-RUSSI
President**