

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W 0500 6022474

FILED

05 APR 26 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002734

1. Corporation Name

Municipio De Santiago De Las Vegas Municipality
Association In Exile, Inc.

2. Principal Office Address

306 S.W. 95 Place

Suite, Apt. #, etc.

City & State

Miami, Fl

Zip

33174

Country

USA

3. Mailing Office Address

P.O. Box 110987

Suite, Apt. #, etc.

City & State

Miami, Fl

Zip

33011

Country

USA

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

5/11/98

5. FEI Number

65-0857223

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

Arturo Borbolla

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

381 E. 53 Street

Suite, Apt. #, Etc.

City

Hialeah

State
FL

Zip Code
33013

600054225346

05/10/05--01082--016 **358.75

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

[Signature]

Date 4/7/05

REGISTERED AGENT MUST SIGN

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	Armando Dominguez	306 S.W. 95 Place	Miami, Fl 33174
S	Jorge Marrero	550 N.W. 51 Avenue, Apt 3	Miami, Fl
T	Arturo Borbolla	381 E. 53 Street	Hialeah, Fl 33013

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arturo Borbolla

Date

4/7/05

Daytime Phone #

305-871-4278

CR2E081 (01/05)