

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000003015

1. Corporation Name

CASA CULTURAL DOMINICO-AMERICANA, INC.

Principal Place of Business

Mailing Address

4740 ALTON ROAD
MIAMI BEACH FL 33140

4740 ALTON ROAD
MIAMI BEACH FL 33140

US INCORRECT

US INCORRECT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1145 NORMANDY DR #206

Suite, Apt. #, etc.
1145 NORMANDY DR #206

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

Zip
33141

Country
U.S.A

Zip
33141

Country
U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1998

5. FEI Number

NOT APPLICABLE

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
P	CAMPILLO, LUIS	6811 COLLINS AVENUE	MIAMI BEACH FL 33141
P/T	CESAR A. RUIZ	18344 NE 68th Ave. Apt. E	Miami, FL 33015-3434
VP	CAMINERO, MAXIMO	6811 COLLINS AVENUE	MIAMI BEACH FL 33141
		19424 NE 26th Ave. Apt. 131	North Miami Beach, FL 33180
D	CASTALLANOS, TIBERIO	19424 NE 26 AVE #131	N MIAMI BCH FL 33180
D	CAMPILLO, ROSA	17700 SW 28th St	MIAMI FL 33025
	CAMPILLO, Luis	533 SW 8th St.	Miami, FL 33130
D	HERNANDEZ, CARLOS	2420 BRICKELL AVE #308B	MIAMI FL 33129
D	GARCIA, FERNANDO	4600 SW 134 AVE	MIAMI FL 33175

8. Name and Address of Current Registered Agent

GUZMAN, ROBERTO
4740 ALTON RD.
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name
MAXIMO CAMINERO
Street Address (P.O. Box Number is Not Acceptable)
1145 NORMANDY DR #206
Suite, Apt. #, Etc.
MIAMI BEACH FL
City
State
FL
Zip Code
33141

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

10/15/01

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
MAXIMO CAMINERO

Date

Daytime Phone #

10/15/01

(305) 772-7520