

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 MAY -4 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005509

1. Corporation Name

BOY SCOUTS OF AMERICA, TROOP 16, ST.
THERESA SCHOOL, INC.

2. Principal Office Address - No P.O. Box #
2711 INDIAN MOUND TRAIL

Suite, Apt. #, etc.

City & State
CORAL GABLES, FLORIDA

Zip
33134

Country
USA

3. Mailing Office Address
1220 MARIANA AVENUE

Suite, Apt. #, etc.

City & State
CORAL GABLES, FLORIDA

Zip
33134

Country
USA

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 09/24/1998

5. FEI Number
65-0866569

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
NILO PUENTES

Street Address (P.O. Box Number is Not Acceptable)
1220 MARIANA AVENUE

Suite, Apt. #, Etc.

City
CORAL GABLES,

State Zip Code
FL 33134

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

NILO PUENTES
REGISTERED AGENT MUST SIGN

Date 04/30/2009

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	FELIX PARDO	421 CADIMA AVENUE,	CORAL GABLES, FLORIDA 33134
P,S,D	ALBERT GARVER	13232 SW 49TH COURT	MIRAMAR, FLORIDA 33027
VP	NILO PUENTES	1220 MARIANA AVENUE	CORAL GABLES, FLORIDA 33134

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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 contained in Chapter 119, 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:

NILO PUENTES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
04/30/2009

(305) 444-4691
Daytime Phone #