

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 17 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006080

1. Corporation Name AMERICAN-NICARAGUAN SOCIETY FOR
DEVELOPMENT INC.

2. Principal Office Address

10300 SUNSET DRIVE

Suite, Apt. #, etc.

470H

City & State

MIAMI, FLORIDA

Zip

33173

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

10/23/98

5. FEI Number

65-0886735

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

CASTILLO, JOSE J

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

10815 SW 146 PL

Suite, Apt. #, Etc.

City

MIAMI

000003216850-2

-04/20/00-01082-005

*****61.25 *****1.25

REINSTATEMENT 99-07 TS

State
FL

Zip Code
33186

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 04-05-2000

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
VD	CASTILLO, JOSE J	10815 SW 146 PL	MIAMI FL 33186
PD	MOLINA, ARMANDO J	14805 SW 97 TERR	MIAMI FL 33196
SD-TD	PEREZ, MARIANO J	9233 SW 166 CT	MIAMI FL 33196
			000003216850-2 -04/20/00-01082-005 *****245.00 *****245.00

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:

MARIANO J PEREZ

04-05-2000 (305) 270-0050

Date

Daytime Phone #