

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006708

1. Corporation Name

LA RAZA UNIDA CENTER, INC.

Principal Place of Business

2002 MLK BLVD.
POMPANO BEACH FL 33069

Mailing Address

2002 MLK BLVD.
POMPANO BEACH FL 33069

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1998

5. FEI Number

65-0877612

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
PD	RENERIA, JOSE G	2002 HAMMONDVILLE RD.	POMPANO BEACH FL 33069
D	ARTEAGA, EVA R	2002 MLK BLVD. #F	POMPANO BEACH FL 33069
V	ALEJANDRE DIAZ, VICTOR	3711 NE 11TH AVE, BAY 8	POMPANO BEACH FL 33069
T	RENERIA, ISRAEL	2002 HAMMONDVILLE RD	POMPANO BEACH FL 33069
REINSTATEMENT 03-04 700033102847 04/19/04-01082-004 **245.00			

8. Name and Address of Current Registered Agent

ALEJANDRE DIAZ, VICTOR
3711 NE 11TH AVE, BAY 8
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

EVA R. ARTEAGA

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

2002 HAMMONDVILLE ROAD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33069

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. or 617.0505, F.S.

Signature of
Registered Agent

Eva Renteria

REGISTERED AGENT MUST SIGN

Date

04/06/04

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:

Eva Renteria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-979-2130

CR2E040 (7/03)