

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 10 PM 12:39
11/6/02 - 0113800661.25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006170

1. Corporation Name

Asociación de Capellanes
Hispano Americana Internacional, Inc.

2. Principal Office Address

5903 N. 47th Street

Suite, Apt. #, etc.

3. Mailing Office Address

5903 N. 47th Street

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33610

Country

Hillsborough

Zip

33610

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/99

5. FEI Number

22-3585992.

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Angelo Rodriguez Jr.

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

5903 N. 47th Street

Suite, Apt. #, Etc.

City

Tampa,

State

FL

Zip Code

33610

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

Angelo Rodriguez Jr.

REGISTERED AGENT MUST SIGN

Date

7/8/03

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	Manuel Yambo	Calle Castuera # 339	San José, P.R. 00923
D	Angelo Rodriguez Jr.	5115 Linkwood Ave.	Tampa, FL 33625
S	Raquel Romero	9122 Tudor Cay Dr.	Tampa, FL 33615

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:

Angelo Rodriguez Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03

Date

813-664-9709

Daytime Phone #

CR2E081 (10/02)

gr 7/10