

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 19 PM 2:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N 99000000 6449

1. Corporation Name

**U.S.A. SPANISH SPEAKING
COMMUNITY, INC.**

2. Principal Office Address

**1440 JOHN F. KENNEDY
CAUSEWAY**

Suite, Apt. #, etc.

308

City & State

NORTH BAY VILLAGE FL

Zip

33141

Country

USA

3. Mailing Office Address

**1440 JOHN F. KENNEDY
CAUSEWAY**

Suite, Apt. #, etc.

308

City & State

NORTH BAY VILLAGE, FL

Zip

33141

Country

USA

REINSTATEMENT

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

10/29/1999

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. Name and Address of Current Registered Agent

Name

ALBERT J. Graham

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

2851 NE 183rd St # 411

Suite, Apt. #, Etc.

411

City

Aventura, FL

State

FL

Zip Code

33160

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

Albert J. Graham

Date

04/04/01

REGISTERED AGENT MUST SIGN

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
Chairman	ALBERT J. GRAHAM	2851 NE 183rd St # 411	Aventura, FL 33160
Director	MARIA F. Drada	2851 NE 183rd St # 411	Aventura FL 33160
Director	THEODORE FOSTER	2524 NWN RIVER DR	MIAMI FL 33125

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Albert J. Graham, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/04/01

Daytime Phone #

305-868-9209

CR2E081 (9/00)