

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000007160

1. Corporation Name

CNC FOUNDATION, INC.

Principal Place of Business

1223 S.W. FOURTH STREET
MIAMI FL 33135-2407

Mailing Address

1223 S.W. FOURTH STREET
MIAMI FL 33135-2407

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

12/03/1999

5. FEI Number

63-0969496

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
AWP	BECKER, ALINA E	1223 S.W. FOURTH STREET	MIAMI FL 33135
C	GALAN, JUAN A JR	355 COCOPLUM ROAD	MIAMI FL 33143
VPAT	PAZOS, ANDRES	1223 S.W. FOURTH STREET	MIAMI FL 33135
TD	RODRIGUEZ, ANGEL R	4961 S.W. 74TH COURT	MIAMI FL 33155
GGSD	GOYTISOLO, AGUSTIN G	1550 MADRUGA AVE, STE 400	CORAL GABLES FL 33140
PD	DIAZ, GUARIONE M	1223 SW 4TH ST	MIAMI FL 33135

8. Name and Address of Current Registered Agent

DIAZ, GUARIONE M
1223 S.W. FOURTH STREET
MIAMI FL 33135-2407

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Guarione M. Diaz
REGISTERED AGENT MUST SIGN

REQUIRED

Date 11/04/02

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:

Guarione M. Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guarione M. Diaz

Date

Daytime Phone #

11/04/02 (305) 642-3484



REINSTATEMENT

02

CR2040 (8/02)