

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 038302

1. Corporation Name

Puerto Rican Legal Defense and Education Fund, Inc.

Principal Place of Business

Mailing Address

99 Hudson Street
14th Floor
New York, NY 10013

99 Hudson Street
14th Floor
New York, NY 10013

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

4-13-1992

5. FEI Number

13-2722664

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
CD	Romano, Benito	153 East 53rd Street	New York, NY
VC	Rovira-Paoli, Alba J.	One Wall Street	New York, NY
S	Callego, William F.	4314 N. Central Expressway	Dallas, Texas
T	Zuckerman, Martin	12 Adrienne Drive	New York, NY
D	Lopez, Hector	99 Hudson Street	New York, NY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Suarez, Anthony
2845 Bruckner Court
Oviedo, Florida 32765

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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.

Signature of Registered Agent

Deborah N. Skipper as agent

REGISTERED AGENT MUST SIGN

Date 4-20-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-98 (212) 219-3360

Daytime Phone #

REINSTATEMENT

FILED

98 MAY -5 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (1/98)