

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 MAR 07 AM 11:00

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38302

1. Corporation Name

The Puerto Rican Legal
Defense & Education Fund

300005182339--2
-04/02/02--01030--012
****420.00 ****420.00

2. Principal Office Address

99 Hudson St.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

14th FLOOR

Suite, Apt. #, etc.

City & State

NY, NY

City & State

Zip

10013

Country

U.S.

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 ☐58.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

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

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

REGISTERED AGENT MUST SIGN

Louise B. Smith

Date 3/6/02

ASSISTANT VP.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Juan A. Figueroa	99 Hudson St.	NY, NY 10013
	See attached		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02

Date

212-739-7511

Daytime Phone #

CR2288 1 8/01

PRIDE BOARD OF DIRECTORS

[-W]

2 of 3

Ms. Maria J. Canino-Arroyo
14 Mountain Avenue
Maplewood, NJ 07102

Ms. Diana A. Correa, Esq.
5700 Collins Ave., Apt. 6F
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Mr. Eugene Rivera
Clinical Social Worker
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Mr. Robert F. Rosario, CPA
Managing Partner

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PRIDE OFFICERS

[P]

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