PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR-REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P38302

1. Corporation Name

PUERTO RICAN LEGAL DEFENSE & EDUCATION FUND, INC

Principal Place of Business

Mailing Address

99 HUDSON ST., 14 FLOOR NEW YORK NY 10013

99 HUDSON ST., 14 FLOOR NEW YORK NY 10013

FILED

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.							900023967619 			
				ing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite, Apt. #,				etc.			04/13/1992			
City & State City & State							5. FEI Number Applied For Not Applicable			
			Zip	Country		,	6.	-	\$8.75 Additional Fee required	
Zip Country Zip						CERTIFICATE	OF STATUS DESIRED	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				City / State / Zip		
D	ROMANO, BENITO			787 7TH AVENUE, 39TH FLOOR				NEW YORK NY		
D	ROVIRA-PA	ONE WALL STREET, 15TH FLOOR				NEW YORK NY				
D	CALLEJO,	4314 NORTH CENTRAL EXPRESSWAY			WAY	DALLAS TX				
D	ZUCKERMA	12 ADRIENNE DRIVE				OLD BETHPAGE NY				
Р	FIGUEROA;	99 HUDSON STREET				NEW YORK NY				
D	CORREA, DIANA A			5700 COLLINS AVENUE, APT. 6F				MIAMI BEACH FL		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
						Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301						Street Address (P.O. Box Number is Not Acceptable)				
					Suite, Apt. #, Etc.					
						City State FL				
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 Date										
TEGOTE ES AGENT MOOT GIGHT										

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.

OF SIGNING OFFICER OR DIRECTOR

2 16, 2003
Daytime Phone #



PUERTO RICAN LEGAL DEFENSE AND EDUCATION F U N D

Board of Directors

Executive Committee

Carlos G. Ortiz, Esq. Chair

María Josefa Canino-Arroyo, Ed.D. Vice-Chair

Aria, M. Barrio, CPA Treasurer

Diana Correa, Esq. Secretary

Benito Romano, Esq. Member-at-large

José R. Sánchez, Ph.D. Member-at-large

Martin H. Zuckerman; Esq. **Member-at-large**

William F. Callejo, Esq.
Joy Barbosa Chavez
Israel Colón
Amy Gladstein, Esq.
Héctor González, Esq.
Gabriel Guerra-Mondragón
David R. Jones, Esq.
Felix A. Mantilla, Esq.
José S. Reynoso
Eugene Rivera, CSW
Robert F. Rosario, CPA
Frank Vasquez

President & General Counsel Cesar A. Perales

99 Hudson Street NY, NY 10013-2815 TEL: 212-219-3360

800-328-2322 FAX: 212-431-4276 October 16, 2003

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I am writing to request a waiver for the reinstatement fee since our organization did not receive the uniform business report notice.

Consequently, please find enclosed a check for \$61.25 dollars for the non-profit corporation annual report fee.

Should you have any questions, please contact Silvia Orna at (212) 739-7502.

Sincerely,

Cesar Perales,

President and General Counsel

cc: Silvia Orna, Office Administrator