

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 23 PM 12:27

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***1350.00 ***1350.00

DOCUMENT # P94000087629

1. Corporation Name

**INTERNATIONAL CATHOLIC CENTER FOR
PILRIMAGES, INC.**

Principal Place of Business

7930 NW 36th St.
Suite 216
Miami, FL 33166

Mailing Address

999 Ponce de Leon Blvd
Suite 625
Coral Gables, FL 33134

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

REINSTATEMENT 95-99

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

December 2, 1994

5. FEI Number

☒ 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)	City / State / Zip
P/D	Francesco Marcino	2600 SW 3rd Avenue	Miami, FL 33129
T/D	Edgar Jose Gonzalez	2600 SW 3rd Avenue	Miami, FL 33129
S	Analia Preato de Marcino	2600 SW 3rd Avenue	Miami, FL 33129

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Edgar Jose Gonzalez
2600 S.W. 3rd Avenue
Miami, FL 33129

Name

Carlos M. Farah

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

999 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 625

City

Coral Gables

State

FL

Zip Code

33134

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

Carlos Farah

REGISTERED AGENT MUST SIGN

Date **7-21-99**

11. This corporation owes 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:

Francesco Marcino

Francesco Marcino, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-21-99

305-444-0999

Daytime Phone #

CR2001 (12/98)