

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 31 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083615

1. Corporation Name

Proyecto Paz y Amor, Inc.

2. Principal Office Address

2485 W. 76 St.

Suite, Apt. #, etc.

#209

City & State

Hialeah, Florida

Zip

33016

Country

U.S.

3. Mailing Office Address

P.O. BOX 5038

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33014

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/95

5. FEI Number

650627657

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nelsa Garcia

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

2485 W. 76 St.

Suite, Apt. #, Etc.

#209

City

Hialeah

State

FL

Zip Code

33016

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

*Nelsa Garcia*  
REGISTERED AGENT MUST SIGN

Date 07/26/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
3D	Nelsa Garcia	2485 W. 76 St. #209	Hialeah, Florida 33016
V.P.	Sylvia Zagales	6330 Pent Pl.	Miami Lakes Florida 33014
		REINSTATEMENT	99-00 TS

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: X

*Nelsa Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/26/00 305 821 5131

Date

Daytime Phone #