

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 MAY -1 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000065959

**1. Corporation Name**

Nuestra Senora Del Carmen A.C.L.F. Inc.  
2218 SW 26 Lane  
Miami, Fl 33133

**2. Principal Office Address**

2218 SW 26 Lane

Suite, Apt. #, etc.

City & State

Miami, Fl

Zip

33133

Country

Dade

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0734437

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

Joaquin Del Olmo

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

2218 SW 26 Lane

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

300003259883-8

05/13/00-01103-004

\*\*\*900.00 \*\*\*300.00

**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

*Joaquin Del Olmo*

REGISTERED AGENT MUST SIGN

Date 04/27/2000

**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
P/Tre	Joaquin Del Olmo	2630 SW 142 Ct	Miami, Fl 33175
VP/Sec	Raul Anasagasti	1431 SW 126 P1	Miami, Fl 33184

**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:**

*Joaquin Del Olmo*

Joaquin Del Olmo

4/27/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)