

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 18 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000032286

1. Corporation Name

HUMANE MINORITY CENTER INC.

Principal Place of Business

2300 CORAL WAY, SUITE # 200
MIAMI FLORIDA 33145

Mailing Address

2300 CORAL WAY SUITE # 200
MIAMI FLORIDA 33145

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

2. New Principal Office Address, If Applicable

2300 CORAL WAY
SUITE # 200

3. New Mailing Office Address, If Applicable

2300 CORAL WAY
SUITE # 200

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33145

Country

US.

Zip

33145

Country

US.

4. Date Incorporated or Qualified
To Do Business in Florida

4-09-97

5. FEI Number

65-1075580

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T.	MACIAS JAIME	6450 COLLINS AVENUE #1407	MIAMI BEACH FLORIDA 33141
VP/S.	ESCALONA MARTA	1231 14 STREET	MIAMI BEACH FLORIDA 33139
			200002722432--6
			-12/24/98-01088-015
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY, SUITE # 200
MIAMI FLORIDA 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

AMADA CANTERA, PRES.

REGISTERED AGENT MUST SIGN

Date

12/19/98

11. This corporation owes or has paid 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)(j), 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

Date

Daytime Phone #

CR2000 (199)