

CAPITAL CONNECTION 800 222 1111 8775 33 1017 1017 1111
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 14 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 097000032286

1. Corporation Name

Humane Minority Center, Inc.

2. Principal Office Address

620 SW 1st Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33130

Country

USA
~~MINORITY CENTER~~

3. Mailing Office Address

620 SW 1st Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33130

Country

USA

REINSTATEMENT

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

4/9/97

5. FEI Number

651075580

SP

Applied

Not App

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
for a Certificate of S

7. Name and Address of Current Registered Agent

Name

Escalona, Marta

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

620 SW 1st Street

Suite, Apt. #, Etc.

City

Miami, Florida 33130

State
FL

Zip Code
33130

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

Marta Escalona

REGISTERED AGENT MUST SIGN

Date

12/13/00

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
P, V, S T, D	Marta Escalona	620 SW 1st Street	Miami, Florida 33130

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

Marta Escalona MARTA ESCALONA 12/13/00 545-0946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #