

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # **P98000097395**

1. Corporation Name

Principal Place of Business

Mailing Address

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

2 New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 1990

4. Date Incorporated or Qualified To Do Business in Florida

11/18/1998

5. FEI Number

65-0862896

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	EMILIO LOPEZ	3601 FEDERAL HWY.	MIA, FL. 33137
V.P.	PAUL C. VELEZ	6827 MAIN ST	MIA. LAKES FL. 33014
TRESS.	JORGE DUARTE	5975 SUNSET DR. #601	S. MIA. FL. 33143
SEC.	GAMALIEL RIVERA	1172 N.W 133 CT	MIA, FL. 33182
			500003070435--2 -12/15/99-01013-009 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOPEZ, EMILIO
3601 FEDERAL HIGHWAY
MIAMI FL 33137

Name _____

NLA

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

and the registered agent of the above named corporation, am familiar with and accept the

Date _____

11/11/91

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 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:

W. L. Spivey **QUINCY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/94

305 576-0681