



REINSTATEMENT

1. Entity ID Number: 001693193	2. The name of the entity is: IDDPMI ARCA DE REFUGIO																																																						
3. Date of Revocation: 09-23-2020	4. Reason for Revocation: Annual Report																																																						
5. Entity Type: Non-Profit Corporation																																																							
6. The reinstatement requirements are: <table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td><td>6</td><td>(report filing fee)</td><td>\$ 20</td><td>Total Fees \$</td><td>120</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>5</td><td>(penalty fee)</td><td>\$ 25</td><td>Total Fees \$</td><td>125</td></tr><tr><td><input type="checkbox"/> Replacement filing fee</td><td>\$</td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> LOGS (Tax Good Standing)</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Legislative Act/Court Order</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Change of Agent Form (filing fee)</td><td>\$</td><td></td><td></td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Certificate of Correction</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Amendment (name change required)</td><td></td><td></td><td></td><td></td><td></td></tr></table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	6	(report filing fee)	\$ 20	Total Fees \$	120	<input checked="" type="checkbox"/> Penalty fees (# of years)	5	(penalty fee)	\$ 25	Total Fees \$	125	<input type="checkbox"/> Replacement filing fee	\$					<input type="checkbox"/> LOGS (Tax Good Standing)						<input type="checkbox"/> Legislative Act/Court Order						<input type="checkbox"/> Change of Agent Form (filing fee)	\$					<input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE						<input type="checkbox"/> Certificate of Correction						<input type="checkbox"/> Amendment (name change required)					
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7. Accompanied by																																																							

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