

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00000008570**

1. Corporation Name

R. A. SANCHEZ FAMILY FOUNDATION, INC.

Principal Place of Business

9401 BISCAYNE BLVD
MIAMI SHORES FL 33138

Mailing Address

9401 BISCAYNE BLVD
MIAMI SHORES FL 33138

[Handwritten initials]

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

FILED
03 NOV 18 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2003

200024772612
11/18/03--01004--021 **245.00

4. Date Incorporated or Qualified To Do Business in Florida **12/29/2000**

5. FEI Number **65-1068725** 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	4 City / State / Zip
PD	SANCHEZ, RALPH	9130 SOUTH DADELAND, STE 1628	MIAMI FL 33156
VTD	REV. MSGR. JOHN J. VAUGHAN	ARCHDIOCESE OF MIAMI, 9401 BISCA	MIAM SHORES FL 33138
SD	FITZGERALD, J. PATRICK	110 MERRICK WAY, STE 3-B	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK ESQ
110 MERRICK WAY
STE 3-B
CORAL GABLES FL 33134

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date **11/6/03**

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 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-2003

CR2E040 (7/03)