

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 DEC 26 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO1000007788*

1. Corporation Name

CASIMIRO FOUNDATION

REINSTATEMENT

05-06

2. Principal Office Address

10773 NW 58th Street

Suite, Apt. #, etc.

268

City & State

Doral, FL

Zip

33178

Country

USA

3. Mailing Office Address

10773 NW 58th Street

Suite, Apt. #, etc.

268

City & State

Doral, FL

Zip

33178

Country

USA

EP

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

OCT. 30, 2000

5. FEI Number

65-1047135

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUAN P. CASIMIRO

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

10773 NW 58th Street

Suite, Apt. #, Etc.

268

City

Doral

State
FL

Zip Code

33178

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

Juan P. Casimiro

REGISTERED AGENT MUST SIGN

Date

12/20/06

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
Pres. (P)	<i>JUAN P. CASIMIRO</i>	<i>10773 NW 58th Street</i>	<i>Doral, FL 33178</i>
Vice Pres	<i>Belgica Collado</i>	<i>11263 NW 53rd LANE</i>	<i>Doral, FL 33178</i>
Sec. (S)	<i>Mike Rodriguez</i>	<i>11254 NW 53rd LANE</i>	<i>Doral, FL 33178</i>

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12/28/06--01041--011 **131.25

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 contained in Chapter 119, 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

Juan P. Casimiro

12/20/06

Date

786 385 5285

Daytime Phone #

December 20, 2006

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Florida Dept. of State
Secretary of State
Division of Corporation

Please let it be known that due to illness, and relocation hardships our documents were either lost in the mail or we simply never received them (2005).

For this reason, we are asking you to please consider waiving our reinstatement fee of \$175.⁰⁰ We ask for forgiveness on this matter.

Enclosed please find a check of \$131.²⁵ which includes annual report fees for years 2005-2006 and a certificate of status.

We thank you dearly,

