APPLICATION FOR JIM Smith Secretary of State DIVISION OF COMPORTATIONS DOCUMENT # NO1000007788 1. Corporation Name THE CASIMIRO FOUNDATION, INC. Principal Place of Business Mailing Address 1132 And Address 1132 And Address 1132 And Address 1133 And Address 1133 And Address 1133 And Address 1133 And Address 1134 And Address 1135 Address 1135 And Address 1135 Address		PLEA	ASE READ A	ALL INST	RUCTIO	112	BEFORE C	OMPLEH	NG THIS FOR	IVI.		
DOCUMENT # N01000007788 1. Copposition Name THE CASIMIRO FOUNDATION, INC. Mailing Address Maili		FOR AT		ライ	Jim Sr Secretary	nith of St	ate	· '	1			
It above addresses are incorrect in any way, line through incorrect information and enter correction below. It was Principal Office Address. If Applicable It was Principal Office Address of Occurrent Principal Office Address Occurrent Principal Office Ad	1. Corpora	tion Name			38			SECRETA TALLAHA	ARY OF STATE ESTEL FLORIDA			
2. Now Principal Office Address, if Applicable 10.730/2000 10.73. N.W. S. T.W. S. Suite, Apt. 4, etc. Suite, Apt. 5, etc. Suite, Apt. 4, etc. Suite, Apt	11263 NW 58RD LN 11263 NY 85RD LN											
City & State Country Country Country Country Country Country Country Country Country Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors City / State / Zip City / St	2. New Prin	ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 10/30/2000							
Country Country Country Country Certificate of Status Desired State Stat	SUITE 268 City & State C			City & State	City & State				65-1047135			-
Title(s) 2 Name of Officers and/or Directors 3 Officer and/or Director 4 City / State / Zip DP CASIMIRO, JUAN 11263 NW 53RD LN MIAMI FL 33178 DV CASIMIRO, GLENDA 3505 94TH ST #5H JACKSON HEIGHTS NY 11372 DS JIMENEZ, IVAN 550 BILTMORE WAY 10TH FL CORAL GABLES FL 33134 D CABBERA 105E D WASHINGTON CONTROL 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Street Address (P.O. BOX Numbor is Not Acceptable) 10773 NW 58 K Street Suite, Agit, etc. 5 Unit C 2 68 City MIAMI FL Zip Code 8 33178 Signature of 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.	^{Zip} 331	178 Count	у 5 Д	<u> </u>				CERTIFICATE	OF STATUS DESIRED			1
DV CASIMIRO, GLENDA 3505 94TH ST #5H JACKSON HEIGHTS NY 11372 DS JIMENEZ, IVAN 550 BILTMORE WAY 10TH FL CORAL GABLES FL 33134 D GABLES FL 33	Title(s)	Name of Officers				Street Address of Each			City / State / Zip			
DS JIMENEZ, IVAN 550 BILTMORE WAY 10TH FL CORAL GABLES FL 33134 D CABREPOLICE D WASHINGTON CORAL BUILD TENCE BUILD TENCE D WASHINGTON CORAL BUILD TENCE BUILD TE	DP				11263 NW	53RD	LN		MIAMI FL 33178			
B CABBERN LOSE B WASHINGTON COLLEGE B WASH	DV	CASIMIRO, GLEN	DA		3505 94TH	ST #	5H		JACKSON HEIGHTS NY 11372			
B WASHINGTON COLLEGE B. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent Name CASIMIPO	DS	S JIMENEZ, IVAN			550 BILTMORE WAY 10TH FL				CORAL GABLES FL 33134			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name ASIMIPO Street Address (P.O. Box Number is Not Acceptable) 10773 NW 58 HL Street Suite, Apt #, Etc. Su	D-	D CABRERAY JOSE			INCONSTENCET.			MEK INGROM PCSEAR				
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Name CASIMIPO	D	WASHINGTON S	erres t		teller	OC	()		- 2000 NOT CONTENT TO 20006			
REGISTERED AGENTS LEGAL SERVICES, INC 1333 N DAVAL ST TALLAHASSEE PL 32303 Signature of Registered Agent Signature of Registered Agent Name 10A1 CASIMIPO Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. State FL 33/78 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 Date 10/31/03											22.50	
REGISTERED AGENTS LEGAL SERVICES, INC 1333 N DOVAL ST TALLAHASSEE PL-32303 Signature of Registered Agent Signature of Registered Agent Tallahassee PL-32303 Tallahassee PL-32303 Signature of Registered Agent Signature of Registered Agent Date 10773 NW 58 LL Street Suite, Apt. #, Etc. Suite, Apt. #, Etc. Suite, Apt. #, Etc. Suite 268 City MIAMI FL 33/78 Date 1073 NW 58 LL Street Signature of Registered Agent Date 1073 NW 58 LL Street Signature of Registered Agent Date 1073 NW 58 LL Street Signature of Registered Agent		8. Name and A	Address of Current I	Registered Age	ent		Name .	9. Name and A	Address of New Registe	ered Agent		_
Suite, Apt. #, Etc. Suite 268 City MIAMI FL Zip Code 33/78 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 Date 12/31/02	REGISTERED AGENTS LEGAL SERVICES, INC					Street Address	(P.O. Box Number is Not Acceptable)					
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 Date 19/31/09		×	_				Suite, Apt. #, Etc	Etc.				
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 Date 19/31/09							City .			State Zip	33178	-
Signature of Registered Agent Date 12/31/02 REGISTERED AGENT MUST SIGN	10. I, being	g appointed the registe	ered agent of the abo	ve named corp	oration, am fam	niliar w)		_
L i	Signature o	of Agent	ACCEPAL RE	GISTERED AC			IRED		Date - 12/3	31/02		-1

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 filling 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:

Greetings & Agppy New Year -

Please rate that for any convertion with one of your representations on 12/31/02, I with one of your representations on 12/31/02, I was informed to submit this letter noting that the "UBR" form was not received to my actual prailing others. A note in October 2003 was usiled prailing others. A note in October 2003 was usiled informing your of our new address: 10773 NW 58Ph St. Swite 268

Missing 171. 33178

Monertheless, please activate our organization processed please update the most recent upstruction nated on application processed on application processed. (9-10).

Please vote box # 2, 9, 8 and, 9-10.

We appreciate you responding to this letter by finding on gradoud check for \$122.50.

Again, that you and may your Men year be a prosperan

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