

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL -8 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 096000061769

1. Corporation Name
My Brother's/Sister's Keeper Scholarship Foundation, Inc.

Principal Place of Business Mailing Address

**155 Galiano Street
Royal Palm Beach, FL 33411**

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	4. Date Incorporated or Qualified To Do Business in Florida 3/29/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0672664
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	Jess R. Santamaria	155 Galiano Street	Royal Palm Beach, FL 33411
S/T	Victoria Santamaria	155 Galiano Street	Royal Palm Beach, FL 33411
T	Steve Templeton	540 Royal Palm Beach Blvd.	Royal Palm Beach, FL 33411
T	Robert D. Jones	590 Royal Palm Beach Blvd.	Royal Palm Beach, FL 33411

REINSTATEMENT 97-99 ITS

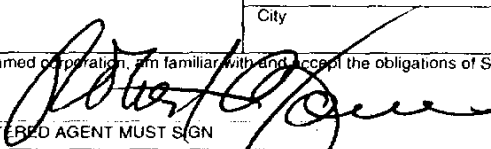
8. Name and Address of Current Registered Agent

**Robert D. Jones, Esq.
Fuchs and Jones, P.A.
590 Royal Palm Beach Boulevard
Royal Palm Beach, FL 33411
Telephone: (561) 793-0600**

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. **200002929602--5**
City **07/13/99--01023--004**
State **FL** Zip Code **3358.75**

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  Date **6/24/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30 Yes No (See other side for information on intangible tax.)

12. 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:  Date **6/24/99** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JESS R. SANTAMARIA

CR2E081 (12/98)