PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 22 AM 10:22

DOCUMENT # N97000000842

1. Corporation Name
ACTION OF SOLIDARITY, INC

W-26781

2. Principal Office Address	**3.** Mailing Office Address
306 LINCOLN ROAD	306 LINCOLN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SOUTH BEACH WELLNESS CENTER	SOUTH BEACH WELNES CENTER
City & State	City & State
MIAMI BEACH, FL	MIAMI BEACH, FL
Zip / Country	Zip / Country
33139 / U.S.A	33139 / U.S.A

REINSTATEMENT 98.75

4. Date Incorporated or Qualified To Do Business in Florida FEB/13/1997

5. FEI Number 65-0752133 — 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: CRISTOBAL PLAZA

100003496951--8
-12/12/00--01046--006
****358.50 ****358.50

Street Address (P.O. Box Number is Not Acceptable): 1300 LINCOLN ROAD # 206

Suite, Apt. #, Etc.:

City: MIAMI BEACH | State: FL | Zip Code: 33139

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 _____ REGISTERED AGENT MUST SIGN Date 10/24/2000

CR2E081 (9/99)

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
P	FATHER PEDRO CORTES (D)	275 N.W 130 AVE.	MIAMI, FL 33182
V.P	FELICIANO REYNA (D)	EDF. CONCEPCION #1 CALLE LA CINTA, LAS MERCEDES	CARACAS, VENEZUELA 1064
S	ARMANDO GRISANTI (D)	EDF. CONCEPCION #1 CALLE LA CINTA, LAS MERCEDES	CARACAS, VENEZUELA 1064

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 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: Fr. Pedro L. Cortes 10/24/2000 305-5593171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #