PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 13 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

CR2E081 (8/05) T. Roberts DEC 1

DOCUMENT # N98000005914

**1.** Corporation Name

IMMACULATE CONCEPTION FOUNDATION

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 12042 Carolina Woods Ln. | | 12042 Carolina Woods Ln. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State: Orlando,Fl | | City & State: Orlando, Fl | |
| Zip: 32824 | Country: USA | Zip: 32824 | Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: October 15,1998

**5.** FEI Number: 59-3551363 ☐ 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: A. Adalberto Henriquez

Street Address (P.O. Box Number is Not Acceptable): 375 S. Courtenay Pkwy.

200062128392
12/13/05--01065--001 **29 .50

Suite, Apt. #, Etc.: Suite 7-A

City: Merritt Island | State: FL | Zip Code: 32952

**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 _____ Date 11/28/05

REGISTERED AGENT MUST SIGN

**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 | Felix Espinal | 12042 Carolina Woods Ln. | Orlando, Fl 32824 |
| V | Henry Bursian | 555 River Moorings Dr. | Merritt Island, Fl 32953 |
| S | Mercedes Fernandez | 5215 Turkey Lake Rd. | Orlando, Fl 32819 |
| T | Juana Hernandez | 14124 Lord Barclay Dr. | Orlando,Fl 32837 |
| ✓ D | A. Adalberto Henriquez | 375 S Courtenay Pkwy. | Merritt Island, Fl 32952 |
| D | Enrique Fernandez | 5215 Turkey Lake Rd. | Orlando, Fl 32819 |

**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:** _____

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