

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

03 DEC -3 PM 12:29

DOCUMENT # N00000006681

1. Corporation Name

LAWTON FOUNDATION FOR HUMAN RIGHTS, INC.

REINSTATEMENT

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2. Principal Office Address

5975 SUNSET DRIVE

Suite, Apt. #, etc.

505

3. Mailing Office Address

5975 SUNSET DRIVE

Suite, Apt. #, etc.

505

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/2000

5. FEI Number

97-0072560

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

JOSE ARENAS

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

5975 SUNSET DRIVE, SUITE 505

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

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 11/24/2003

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
D	ANGEL E. GARRIDO	5975 SUNSET DR. STE 505	MIAMI FL 33143
D	VICENTE LAGO	1100 SW 57th AVE	MIAMI FL 33145
D	RIGOBERTO RODRIGUEZ	7400 N. KENDALL & STE 205	MIAMI FL 33156

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 #

11/24/03 (305) 662-1223