PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 AUG 18 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000004612

1. Corporation Name
Together Foundation for Global Unity Corporation

2. Principal Office Address
5960 S.W. 57th Av.
Suite, Apt. #, etc.
City & State
Miami, Fl. 33143
Zip 33143 Country USA

3. Mailing Office Address
5960 S.W. 57th Av.
Suite, Apt. #, etc.
City & State
Miami, Fl.
Zip 33143 Country USA

REINSTATEMENT 2006
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 9/9/02

5. FEI Number 223028267 ☐ 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
Suzanne Perez
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
5960 SW 57th Av.
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 _____ Date 8/16/06
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
Director/ Secretary	Tanya Leiva	5960 S.W. 57th Av.	Miami, Fl. 33143
Director	Suzanne Perez	5960 SW 57th Av.	Miami, Fl. 33143
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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 contained in Chapter 119, 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: _____ 8/17/06 305-455-3360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Suzanne Perez
Director