

Page 1 of 2
 APPROVED AND FILED

FORM-9 AM 11:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2001 UBE

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

DOCUMENT # **00000003821**

1. Corporation Name
Zoila Gloria Bolanos Foundation Inc

200004697942--1
 -11/29/01--01034--019
 *****70.00 *****70.00

2. Principal Office Address
3370 NE 190 Street

3. Mailing Office Address
Same

4. Suite, Apt. #, etc.
Suite # 1801

5. Suite, Apt. #, etc.
Same

6. City & State
Hidden Bay - Tower #1

7. City & State
Hidden Bay - Tower #1

8. City & State
Adventure, FL

9. Zip
33180

10. Country
Dade

11. Zip
33180

12. Country
Dade

4. Date Incorporated or Qualified To Do Business in Florida

5. FEE Number
APPLIED FOR

6. APPLIED FOR

7. Applied For

8. Not Applicable

9. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Zoila Gloria Bolanos Pons

Street Address (P.O. Box Number is Not Acceptable)
3370 NE 190 Street - Suite #1801

Suite, Apt. #, Etc.
Hidden Bay - Tower #1

City
Adventure

State
FL

Zip Code
33180

8. I, being appointed the registered agent of the above-named corporation, am ready with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent
[Signature]

Date
10-17-2001

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Zoila G. Bolanos	3370 NE 190 St. #1801 Tower #1 Hidden Bay	Adventure FL 33180
D	Fernando Murray	3370 NE 190 St. #1801 Tower #1 Hidden Bay	Adventure FL 33180
D	Gloria O. Chavez	3370 NE 190 St. #1801 Tower #1 Hidden Bay	Adventure FL 33180

10. I certify that I am an officer or director of 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(2)(c), 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]* Date: **10-17-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SENIOR OFFICER OR DIRECTOR

[Handwritten signatures and notes]

Page 2 of 2

Zoila Gloria Bolanos Foundation Inc.
3370 NE 190 St Suite 1801
Hidden Bay-Tower 1
Aventura, FL 33180

October 17, 2001

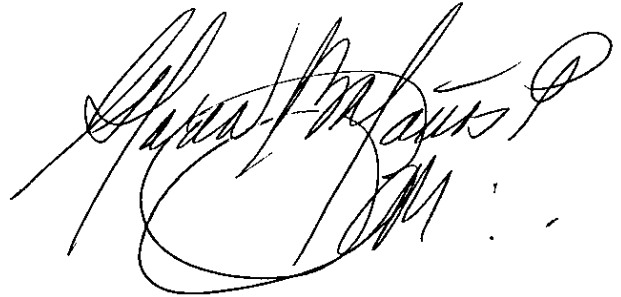
Florida Department of Revenue
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

~~Following your instruction, we are enclosing the form of Corporation Reinstatement to reinstate our Corporation; Zoila Gloria Bolanos Foundation Inc.~~

This reinstatement is due because we never received the annual report form for the year ended 2001. We also enclosed check #0951 in the amount of \$236.25 for the reinstatement fee.

Sincerely,


Zoila Gloria Bolanos
President



P.S. Please change our address to the following:

3370 NE 190 St Suite 1801
Hidden Bay-Tower 1
Aventura, FL 33180