

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 19 AM 10:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N00000005986**

1. Corporation Name

THE FRANCISCO FOUNDATION, INC.

Principal Place of Business

Mailing Address

2620 SW 115TH AVENUE
 MIAMI FL 33165

2620 SW 115TH AVENUE
 MIAMI FL 33165



200009737742
 12/30/02--01020--030 **236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1066139

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SOUTO, JAVIER	2620 SW 115TH AVENUE	MIAMI FL 33165
D	SALAS, OSCAR	6320 SW 92ND COURT	MIAMI FL 33173
D	MESSER, NILO	7810 SW 29TH TERRACE	MIAMI FL 33155
D	PERMUY, JESUS	335 FLUVIA	CORAL GABLES FL 33134
D	VILLAMANAN, MANOLO	160 SOUTH HIBISCUS DRIVE	MIAMI BEACH FL 33190

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOUTO, JAVIER
 2620 SW 115TH AVENUE
 MIAMI FL 33165

Name

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

Suite, Apt.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Signature of Javier Souto
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 12-4-02

11. 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 of Javier Souto
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-02

Date

Daytime Phone #

CR2040 (8/02)