


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 JUL 31 AM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003628		
1. Entity Name FAMILIES FIGHTING NEUROBLASTOMA, INC.		

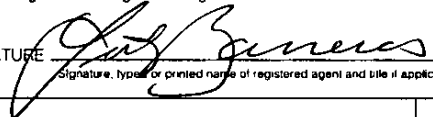
Principal Place of Business 1987 NORTHWEST 88 COURT SUITE 201 DORAL, FL 33172 US	Mailing Address 1987 NORTHWEST 88 COURT SUITE 201 DORAL, FL 33172 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
REINSTATEMENT	
4. FEI Number 65-1107776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

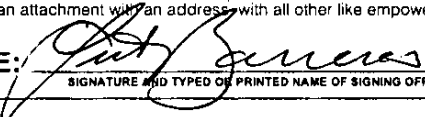
6. Name and Address of Current Registered Agent	
BARRERAS, LESTER 1987 NORTHWEST 88 COURT SUITE 201 DORAL, FL 33172	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 7/25/07
(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	LOPEZ, PETER
STREET ADDRESS	1987 NORTHWEST 88 COURT SUITE 201
CITY-ST-ZIP	DORAL, FL 33172
TITLE	STD <input type="checkbox"/> Delete
NAME	BARRERAS, LESTER
STREET ADDRESS	1987 NORTHWEST 88 COURT SUITE 201
CITY-ST-ZIP	DORAL, FL 33172
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800106407308
CITY-ST-ZIP	07/19/07--01054--003 **297.50
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: 	DATE 7/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Michael

JUL 31 2007